

# **PPPs in education and health in the Global South focusing on South Africa**

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# **1. Introduction**

This literature review seeks to understand the key ideas and debates about Public Private partnerships (PPPs) in education and health, focusing on Africa in general and South Africa in particular. It adds to the sparse literature about the role of the private sector in education and health and what the implications are for social citizenship. The first section situates the debate by considering the genesis of the debate and the conceptual roots of the growing advocacy of the private sector as a key provider of social services. It then reviews the extant literature on health followed by that of education. The conclusion draws together some of the key themes emerging from the review.

## **2. Situating the debate**

Private sector involvement in the provision of public goods is not a new phenomenon. Historically the private sector has always been involved in the provision of public goods, such as education. For example, missionary schools in colonial Africa can be considered as forms of private provision of a public good (where a public good is understood here as cost-free, state provided services as an entitlement of social citizenship). However, in the post-independence period, private sector involvement in education and health has been driven significantly by the increasing legitimization of market-based forms of provision in the management and delivery of public services in the mid-to-late 1970s in the global North. This was given impetus by the conservative economic reforms following the 1979 oil crisis. In that context, there was a strong ideological view that state provision of public goods such as education and healthcare resulted in producer capture, undermined consumer interest and contributed to a bloated state bureaucracy. This New Public Management, as it came to be known, advocated that users of healthcare and education should be understood as consumers who should have choice and control over these social services. Moreover, while the state may fund education or healthcare it does not have to provide the service. The idea of breaking up the perceived state monopoly of public goods was motivated by the idea that states

needed to become more efficient and effective in delivering public goods (Linder 1999, Paoletto 2000).

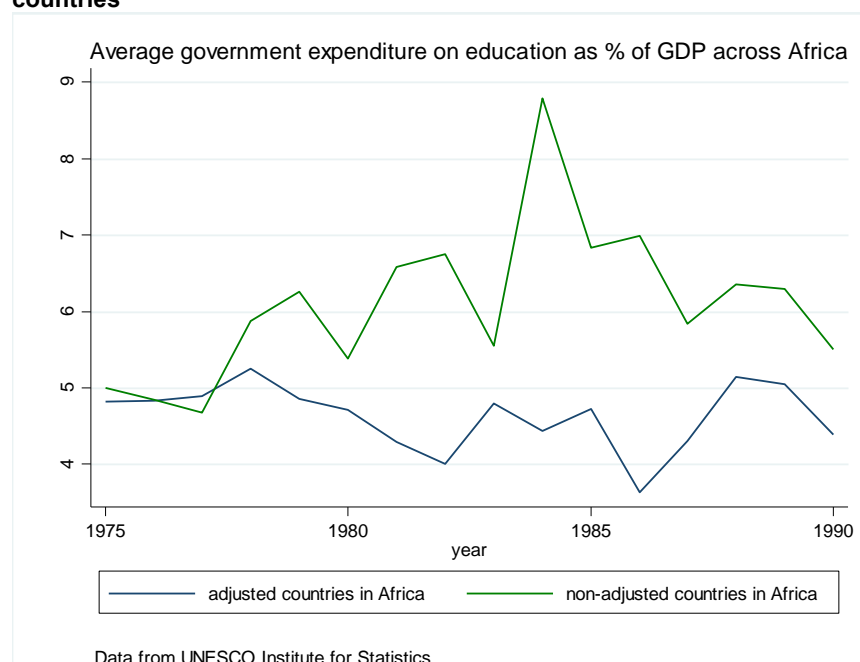
In Africa from the early 1960s until the late 1970s, as part of the decolonisation imperative states largely pursued an active social policy agenda which sought to discipline the market, and invested massively in public goods. This was driven by a view that the state should take control over public service provision for all to meet the development needs of the new states that emerged in this era. As such, public education and healthcare provision typically expanded dramatically during this period.

It was only in the late 1980s that this approach began to shift to one of economic austerity and greater private sector provision as part of the Structural Adjustment Programmes (SAPs) imposed by the World Bank and the International Monetary Fund (IMF). Following the oil crisis and a series of droughts in the mid-1970s, African governments approached the IMF and World Bank for emergency financing, which was provided on condition that they implement a package of wide-ranging economic reforms known as “structural adjustment.” Between 1981 and 1989, 36 African countries had undergone at least one structural adjustment programme (Bujra 1994, 132). These programmes typically included the removal of currency exchange controls, a substantial reduction in export and corporate taxes, the privatisation of state-owned enterprises and the withdrawal of the state from the provision of public goods, including education and healthcare (Mkandawire and Soludo 1999). By the end of the 1980s, many countries had a lower GDP per capita than at independence (Fosu, Mlambo, and Oshikoya 2001). The majority of industries that had been established in the post-independence period had collapsed and economies had reverted to their colonial specialisations (Mkandawire 1988c). External debt (often to former colonial powers) had grown to the extent that a number of countries were classified as insolvent, and were forced to allocate the majority of their budget to servicing debt (Elbadawi and Ndulu 1996).

This period was accompanied by a substantial reduction in spending on public goods. For instance, of the 43 African countries that underwent adjustment between 1980 and 2000, average government spending on education as a percentage of

GDP declined by 31% between 1978, the advent of the oil crisis and 1986, the height of adjustment. In contrast, during this period, the eight non-adjusted African countries increased their spending on education by an average of 19%. Figure 1 below illustrates.

**Figure 1: Changes in government spending on education for adjusted versus non-adjusted African countries**



Source: Hoffmann (2017)

This sharp reduction in social spending was accompanied by decreased access to healthcare and education, and increased illiteracy, mortality and malnutrition (Mkandawire and Soludo 1999, 88). It was also accompanied by growing gender inequality. In the context of education, Stromquist (1999) demonstrates that between 1988 and 1998 the gender gap in primary enrolment widened by 13 percentage points, while the primary school completion rates of girls also decreased relative to boys, where poor and rural girls disproportionately bore the brunt of adjustment.

These deepening economic and social crises were in turn often accompanied by heightened political crises and civil conflict as structural adjustment programmes further eroded the legitimacy of the state (Campbell 1989; Mamdani 1990b; Wambadia-Wamba 1992). By 1989, thirty-five of Africa's forty-five independent states were under military rule (Mama 2006). As such, disentangling the causal impact of adjustment policies from the collapse in commodity prices and the rise in

authoritarianism during this period is a difficult task. This is especially difficult since these factors are likely endogenous. However, as Stromquist (1999) notes, panel analyses of adjustment in Latin America find that adjustment was correlated with a similarly large decline in education enrolment and completion rates, even though the region was not affected to the same extent by political and economic instability. This provides grounds for ascribing the negative education trends in Africa to adjustment programmes.

Scholars have argued, however, that structural adjustment has not only shaped the material conditions of African societies, it has also shaped the very idea of the public good (Mustapha 2016). The decrease in public spending on social services was accompanied by a substantial increase in private spending on social services via the introduction of user fees (Mackintosh and Koivusalo 2005). This then laid the foundation for the idea that social services *ought* to be paid for by individual users. Thus, for instance, recent surveys of healthcare professionals across Africa find that many report that it is unfair and unsustainable for patients to access healthcare without paying user fees (Béland and Ridde 2016). This view of social services as a private investment rather than a public good in turn paves the way for the notion that social services are commodities that are best provided for by private actors (Ruiters, 2012; Sengupta, 2012).

There are several interrelated ideas that underpin the momentum and interest in private sector involvement in public goods globally and in Africa in particular. First they are seen as a mechanism to improve delivery of public services, which are seen to be inefficient and ineffective. The competition that derives from a system of parallel provision is perceived as a mechanism to drive up quality in public service provision. Competition then becomes the driver for engaging the private sector in public sector provision. Second, there is a strong view that the monopolisation of public sector provision by the state tends to crowd out private sector involvement in public services. As state resources become constrained, it is argued that there is a need to end the state monopoly in order to access resources from sources other than the state. In harnessing private sector financing it is assumed that the state may then be able to extend the coverage and quality of public services. Third, ontologically, state provision is seen as privileging producers (state civil

servants/state institutions) over beneficiaries (users/citizens). The needs of beneficiaries, it is argued, are best left to the market which better regulates what an individual needs, in contrast to a system of provision in which the needs are determined by the state. In ideological terms individuals are conceived as utility maximising and therefore best able to identify their needs and the private sector is viewed as the most optimal mechanism for meeting such needs. Fourth, it is perceived that the efficiency imperatives that drive the private sector result in driving down the unit cost for providing public goods in contrast again to state provision, which is seen as wasteful and expensive.

Public Private Partnerships (PPPs) are a more recent phenomenon in Africa when compared to private sector involvement in education and health. PPPs largely gained credibility in the late 1990s and early 2000s in these sectors along with the New Public Management movement. PPPs build on the assumption of efficiency gains and delivery effectiveness that underpins the general arguments advocated for private sector involvement in public service provision. However, the key difference is that instead of seeing these as distinct and in direct competition, there is a shift towards a middle ground which conceive of both sectors as working in collaboration and partnership rather than competition and mired in mutual antagonism. Thus, the unpalatable aspect of privatisation that characterised earlier debates (the marginalisation of the state in service provision), is supplanted by an idea of mutual benefit, harmony and joint working. This is the subject of this research project and this review of literature.

## **2.1. The Conceptual Roots of PPPs**

The idea of partnership provision is rooted in certain assumptions. The first is the idea that public goods such as education and health are not 'public' as for example in the case of higher education which is argued to have a primarily 'private' utility for the individual. They are, as some economists suggest, subtractable and excludable. As such, they should not be provided by the state, but should rather be provided by the market or in partnership with the state. On this view, there are very few truly

public goods. As such this view challenges fundamental assumptions of what make education and health a public good.

Second, there is a view that the interest of the state and the private sector are in alignment and not necessarily antagonistic when it comes to the provision of education and health. Thus PPPs assume that both the state and the private sector share a commitment to providing the best forms of education and health efficiently and effectively. Whilst the motivation for this alignment may differ (profit or rights), there is consensus in ensuring the best possible outcomes for public service provision in education and health. This common purpose thesis assumes a parity in power and interest. Partnerships are thus a pragmatic choice for parties that share a common purpose.

Third, PPPs shift the discourse from the idea of parallel provision in which both the state and the private retain distinct spheres of operation to that in which this is overlapping and intersectional. The idea of competing or mutually reinforcing parallel provision is replaced with the idea of 'working together' which discursively shifts the debate about private sector involvement to one about the intersection between the public and private. This line of reasoning creates a pathway to privileging technical solutions to seemingly intractable problems in which the lines between public and private forms of provision are not only blurred but conceptually no longer taken as distinct. This line of reasoning furthermore displaces a common sphere of activity between state and private provision by a common purpose operational sphere in which questions of who delivers, how and when are rendered unimportant and insignificant. In such a conceptual move ideas of a public good as the primary responsibility of the state to provide are supplanted by the fuzzy notion of common purpose. The ontological presumption is that all goods are private and tradeable.

Furthermore PPPs are presented as policy and programmatic ideas that address the negative connotation of privatisation in favour of a view of cooperation, collaboration and inclusivity for a common purpose. However as this review tries to demonstrate this is not the case. PPPs as policy and practice might undermine the idea of social citizenship which it is the duty of a democratic state, as the collective representative of all citizens, to protect. It furthermore represents private encroachment into public



resources and governance located within a modernising discursive and policy frame. This is discussed below with specific reference to education and health below.

However, as this review demonstrates, there are conceptually significant differences between how the partnership between the state and the private sector operates in education in health. In South Africa the education system has been largely public and private educational provision has been subordinated to the system of public provision (in regards regulatory frameworks, school governing body policies, national examinations and so forth). In health, the fiscal provision has been overwhelmingly private sector dominated with the under-resourced public health care system acting in effect as a residual safety net for the poorest and most marginalised who cannot afford the costs associated with private health care.

It is the relationship between cooperation and partnership in education and health—as a political strategy, an efficiency imperative, and for effectiveness that brings into question the role, value and moral good of PPPs. As they take on different forms in relation to context and type of project or services provided, the success of PPPs is directly related to how the relationship between cooperation and participation, and efficiency and resource management relate, and how management agreements deal responsibility with risk. These are the issues that this review considers. But first it pays attention to how private sector involvement in education and health in general and in the forms of PPP in particular shifts notions of citizenship.

## **2.2. PPPs and social citizenship**

Fine and Hall (2012) suggest that the current drive towards privatisation is indicative of a new phase in market privileging ideas (neo-liberalism<sup>1</sup>). This advocates *private*

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<sup>1</sup> David Harvey defines neoliberalism as a political economy approach that assumes that collective wellbeing results from limiting state intervention in the market to only those acts which preserve its integrity as a free market. This includes creating an enabling environment for investment and expansion of the private sector, securing property rights and the functioning of the market to maximise profits (Harvey, 2005). Fundamentally, while definitions of neoliberalism vary, they generally conflate the preservation of individual liberty in the state with the liberty of corporations to act as legal citizens in the market.

*expansion within the state* rather than the eclipse of the state's role. The consequence of this form of advocacy is that state resources are diverted towards partnership arrangements with private providers and creating the regulatory environment that ensures both efficiency and accountability (Fine & Hall, 2012). As the authors point out, this can prove to be more costly than public delivery because the state and the private sector have often opposing modes of value maximisation. While the state is expected to maximise public benefit in the delivery of goods, private providers may be accountable to shareholders, donors or even other governments who may have conflicting interests to that of the public good (Fine & Hall, 2012). In order to accommodate the private sector as part of its governance arrangements the state needs to reform to incorporate the frameworks, checks and balances that can safeguard accountability, good performance, and social benefit.

The question which emerges is this: to whom are the state and private providers accountable? What needs attention is the impact on citizens, specifically how these privatising arrangements transform relations between state and society, and by implication, the expectations that citizens have of the state and their social rights to health, education and other state-provided public goods. The establishment of PPPs, the provision by non-state actors of a public good such as education and health, has particular consequences therefore for the exercise of the social rights of citizenship. As Awadalla (2003) argues, public provision of particular goods and services enables government to fulfil a range of social, economic and political aims and protect national interests. These aims and interests may come to be dispersed when public functions are outsourced to external actors.

For social citizenship, the public good is guaranteed through 'rights to economic security as well as [through] political and civil rights' (McCluskey, 2002). This is intended to protect citizens from 'the vicissitudes of capitalism' (Mead, 1997). As Mead (following Marshall) (1997) argues, citizenship refers to the collection of rights and duties that citizens have which are protected by the state as a constitutional obligation and therefore are not discretionary. This is contested and conditioned by the ideological proclivities of governments but remains subject to negotiation with the citizens and their expectations of what characterises the 'good society'. As such, as Mamdani (1997) posits, some members of a society are full citizens accorded rights

and entitlements, while others may occupy (a range of) subject positions depending on their structural location in the political order (based on race, class, gender and so forth). Within the context of market capitalism, social citizenship is most visibly identifiable in the welfare state, which offers a minimum level of security to citizens based on prevailing societal norms on what constitutes social inclusion (Mead, 1997; McCluskey, 2002). These social rights include healthcare and education, various remittances, public housing and/or public pension schemes. Social rights to citizenship are, however, a necessary but not a sufficient condition for inclusion in the welfare state as the welfare state historically has also been deeply racialised and gendered. Thus, for instance, the European welfare state has historically excluded black immigrants who have been viewed as 'labour units' rather than social citizens (Williams 1991, LKJ 2018).

Marshall (1950) argues that the status granted by social citizenship does not transcend nor does it aim to transcend the inequalities of class in capitalist society. Rather it mediates the worst social effects such that it provides a sufficient basis for establishing social cohesion between citizens who still fundamentally hold unequal class differentiated positions in society – and social citizenship is therefore ultimately a status associated with the socially acceptable limits of inequality in a capitalist society. More significantly is the role accorded by Marshall to the state as the necessary arbiter ensuring that social rights are not subjected to the vagaries of the market, the locale of class differentiation. While state intervention is therefore part of the architecture of the welfare state, the market is driven by the assumption that self-interest will secure social wellbeing (McCluskey 2002). Under this assumption, redistribution of resources through welfare support is viewed as inefficient because it not only diverges from the interests of the market but is also an intrusion on the rights of citizens to secure their individual interests through free exchange in the market and unfettered from state control and its circumscribing actions in the interest of the collective (Hayek 1944). This normative position on the market transforms social bonds making these bonds contingent on relationships established through a market based on the principle of competitive advantage and which a priori therefore cannot guarantee equal outcomes for those who participate as citizens do not enter the market exchange as equals but as competitors. The result is an ongoing tension between equity and efficiency that governs distribution of state resources in society.

Historically, this has resulted in shifts in social policy from post-war Keynesian welfare politics to the idea of the individual as a rational actor capable of making choices that maximise their wellbeing. What is not addressed here is how individual choices can set limitations on the choices of others and generate inequalities as the notion of a common good<sup>2</sup> is eroded (McCluskey, 2002). There are thus particular limitations evident in how the state and the private sector work together. The de-legitimation of entitlements to social citizenship not only residualises solutions to poverty but privileges policies aimed at inducing 'work seeking' behaviour (Mead, 1997). Market interests therefore create pressure for changes in policies that reduce government's role in the social sphere. Mechanisms such as contracting out in turn suggest maximisation in resource use through principles of efficiency but instead redirect resources to private interests. Private involvement in state delivery is not new, but where state facilities come to take on the principles of the private sector this can have particular influences on service delivery.

Furthermore, it is expected that the principles of efficiency and discipline that characterise private firms can reduce risk by making government facilities function on market principles thus rendering them profitable and/or accountable to a consumer base. This creates a dilemma for the issue of schooling as a social good when learners become consumers accessing different standards of education on the basis of their economic bracket (Bloom, Craig & Mitchell, 2000). It also affects the stability and durability of drives to improve equity in education, such as through improving gender parity (Unterhalter & North, 2011) or increasing participation and ownership of schools by parents. Indeed, the particular governance arrangements within the state are an important factor enabling or constraining private interventions, whether negatively or positively. These are issues which are picked up in more detail in the literature review.

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<sup>2</sup> Here, the 'common good' refers to the good of society and all its members that enables individuals to achieve their own ends (Argandoña 1998). Definitions of the common good range from liberal to communitarian, emphasising either individuals' right to choice or the common good having precedence over individual benefit. Here we suggest that the common good, or collective benefit, can be eroded as a sense of mutual responsibility between individuals is replaced by self-interest.

## **2.3. Defining PPPs**

The forms of private sector involvement in education and health is a subject of much contestation and debate. PPPs as a manifestation of private sector involvement in public goods are based on a partnership ordinarily taking the form of a 'a contract that a government makes with a private service provider to acquire a specified service of a defined quantity and quality at an agreed price for a specified period.' (Taylor 2003, quoted in Patrinos, Barrero-Osorio & Guáqueta, 2009). The often publicly stated rationale is to '... provide direct investment by the private sector as an alternative to public finance, thus reducing the need for public finance through increased government debt.' (Fine and Hall 2012:56) The common interest thesis which is often the publically stated rationale suggests an intersection of interest between the state and private sector blurring the idea of what is considered public and private which in reality do not exist. Whilst PPPs are contextually specific it is possible to conceive of six types of PPPs characterised by their organisational mix and political framing (Linder 1999).

1. **PPPs as management reform (Linder, 1999:43):** where government functions are subject to reform according to market values and policies in order to 'trim the fat', boost efficiency and decrease resource wastage, and enhance discipline; here the market is the source of knowledge and guidance, and firms are brought on board to use market tenets to stimulate efficient delivery of public services.
2. **PPPs as problem conversion (Linder, 1999:44):** this strategy uses weaknesses in government provision as an opportunity to attract collaborators that can perform public services at a lower cost. Firms may be incentivised by tax breaks and partial funding, and brought together to work on these projects, further building links between economic actors.
3. **PPPs as moral regeneration (Linder, 1999:44):** the notion of partnership between public and private also complicates the distinction between citizen and consumer. As citizens become consumers of semi-privatised, or mutual goods and services, and experience different degrees of service in, for example, a dual PPP hospital, aspirational values will take root that will encourage self-reliance, entrepreneurship and hard work in the market (Linder, 1999). This will complement the corresponding downsizing of the state as it shifts particular functions to external agencies.
4. **PPPs as risk-shifting (Linder, 1999:45):** because of the shifting of financial or managerial responsibility to private agents, the risk to public funding is minimal. Firms assume ownership of the good/service upon completion of the project and take on the accompanying risks, but government resources are leveraged to get projects off the ground and ensure their adherence to particular social or moral imperatives.
5. **PPPs as restructuring public service (Linder, 1999:45):** partnerships can be used to deregulate labour by shifting the workforce responsibility to private partners, where unorganised labour can be used. Alternatively, PPP agreements can shift policies on discrimination by including these considerations in contract applications, tenders etc. (Linder, 1999).
6. **PPPs as power-sharing (Linder, 1999:47):** partnerships can affect the long-term relationship between government and the market, and strengthen cooperation between the two for efficient governance.

Linder (1999) argues that these styles or strategies can overlap in varying ways, but do not account for other ways in which partnerships come to form around social or communal needs. The typology of Linder, whilst dated, provides a heuristic framework for understanding the different types of PPPs and offers a way of thinking through whether the publically stated rationale of PPPs materialises in practice.

It is important also in defining PPPs to consider what is meant by the private sector. There are a variety of organisations and actors involved in education and health. They encompass NGOs, management firms, corporate social investment branches

of corporations, philanthropic organisations and education and health conglomerates and service providers.

Key to the emergence of PPPs is the changing role of the state. The state is expected to not only create an enabling environment for private sector involvement in partnerships but also to have the capacity to regulate the partnerships that emerge. In this review we pay attention to these aspects to better understand the mechanisms of PPP agreements and their implications for public responsibility and expenditure.

A key empirical question is whether PPPs realise the benefits that are advocated by institutions such as the World Bank. These include:

- Stimulate competitiveness between providers or contractors
- Be more flexible contractually than purely state-run entities (including sidestepping legislation or policy affecting these entities)
- Be held to an improved standard of accountability through open and transparent bidding processes where government can identify the contractual obligations and outcomes of the private provider, as well as find providers that fit the budget
- Increase risk-sharing between government and private providers, with the potential for improved efficiency and freeing up of more resources (Patrinos, Barrero-Osorio & Guáqueta 2009)

Part of the difficulty of assessing the empirical evidence about the imputed benefits is that often the detail is in the contract, which are often confidential and which states are reluctant to reveal. In South Africa, for example, despite efforts we were unable to secure details of the PPPs contract for education and health. This suggests that rigorous empirical reviews of PPPs and their contractual underpinning are limited by the lack of transparency.

### **3. PPPs in South African healthcare provision: scholarship from the global South**

Since 2004 there has been a rapid growth in the value of public private partnerships (PPPs) in the global South.<sup>3</sup> Over an eight-year period, it is estimated that investments in infrastructure through PPPs increased by a factor of six across the global South, from approximately US\$25 billion to US\$164 billion (Romero 2015). While there are some signs that PPPs in both the construction of healthcare infrastructure and the provision of healthcare services are growing across the global South, comparatively little is known about their scale, their causes or consequences, particularly within Africa.

This review aims to identify the key knowledge gaps in health PPPs in Africa, with special reference to South Africa. To do so, it builds on a recent review of literature on PPPs in education and health in the global South conducted by Languille (2017). Languille's wide-ranging narrative review of 217 documents provides an excellent overview of broader trends across the global South. However, with the exception of two articles cited in the review, PPPs in South Africa remain under-explored. Moreover, Languille's review is largely focused on scholarship emanating from the global North. Indeed, a number of literature reviews on PPPs in the South focus overwhelmingly on northern scholarship (Hanefeld 2008; Biesma et al. 2009; Brody et al. 2013; Torchia, Calabrò, and Morner 2015).

This likely reflects well-documented regional inequalities in scholarly influence (Boshoff 2009; Schubert and Sooryamoorthy 2010; Lancho Barrantes et al. 2012; Zelnio 2012; Mazlounian et al. 2013). Yet such inequality has significant hermeneutical implications in terms of the categories and concepts which are used to understand phenomena in the global South. As Mazlounian et al. (2013) demonstrate in their analysis of global knowledge flows using network-based citation analysis, scholars in the South overwhelmingly rely on scholarship from the North, while scholars in the North draw very little on scholarship from the South; the cumulative impact of this is that "dependence on knowledge produced in North

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<sup>3</sup> Following Connell (2007)(2007)(2007), the term *global South* is used to mean former colonies in Africa, Asia and the Americas (excluding the United States and Canada). The term *global North* is used to designate former colonial powers and their outposts, as well as current hegemony. Thus, for instance, Australia, Belgium and the United States are all located in the global North. Countries from the former Soviet Union do not easily fit into either category; however, no authors from these countries were cited in the study and the problem of categorisation therefore did not arise.



America and Europe has increased [between 2000-2009]" (Mazlounian et al. 2013, 3–4). As a consequence, they argue, ideas are largely born in the North but consumed in the South.

It is within this context that this review examines southern literature on PPPs in healthcare, focusing especially on South Africa. It is guided by a central question: *how does southern scholarship on health PPPs accord with, or depart from, northern literature on the topic?* As a way of answering this question, this review begins with a bibliometric analysis of the institutional location of authors cited in Languille (2017). In light of this, it sets out a methodology for searching academic databases and journals located in the global South. It then structures the analysis of the literature according to the sections identified by Languille. These sections are: a typology of PPPs; drivers of PPPs; and main debates on PPPs, including contestations over the PPP paradigm, the reconfiguration of state-market relations, the outcomes of PPPs, and the nature of evidence on PPPs. Each section first presents a brief overview of Languille's findings, and then analyses the extent to which southern literature accords with, or departs from, these findings. The review concludes by considering how the analysis of southern literature casts light on further avenues for theoretical and empirical research on the topic.

Overall, the review finds that there are three critical knowledge gaps. First, relatively little is known about the endogenous dynamics of PPPs in the global South. This includes their financial scale and drivers, in terms of both for-profit and non-profit entities, as well as the implications of health PPPs for public health financing and national debt. Second, there is insufficient information about the ways in which endogenous drivers interact with more global dynamics. These global dynamics do not only include the influence of international entities controlled by northern actors, but also the expansion of southern healthcare companies into the global North. Paying attention to the interplay between local and global dynamics allows for an exploration of the ways in which PPPs constitute a laboratory for experimenting with new forms of state-market relations across both the global South and North, and the dynamics and consequences of this. In the South African context, it also allows for an examination of the ways in which state support for the rapid expansion of South African companies into other markets, such as Netcare and Medi-Clinic, constitutes

a de facto form of industrial policy. Understanding why this form of industrial policy has succeeded in enabling the expansion of an infant industry, vis-à-vis the failure of industrial policy targeting original equipment manufacturing, is an important and hitherto unexplored empirical project.

Third, while PPPs are typically conceptualised as an attempt to bring the logic of the market into public goods provision, there are clear examples of PPPs that have a countervailing logic. The proposed National Health Insurance (NHI) scheme in South Africa aims to decommodify healthcare by bringing the private sector back into the ambit of the public. The existential risk that this poses to the private health sector has catalysed significant contestation over the NHI, and it is therefore important to understand the ways in which the NHI has structured tensions between the state and the private sector, the mechanisms available for disciplining the private sector, and the constraints on the state's attempt to do so.

These findings show that there is empirical and theoretical value in paying serious attention to southern scholarship on PPPs. On the one hand, it helps to remove some of the strong normative framing around PPPs, by showing that they may be used to deepen the marketisation of public goods, but can also be used for countervailing ends – the decommodification of healthcare. It also shows how some health PPPs can be understood as a form of industrial policy, such that the study of state subsidies to private healthcare sector could generate useful insights into industrial policy strategies to support industries that may have less deleterious social outcomes, such as the renewable energy sector. At the same time, the review brings theoretical and empirical attention to the endogenous drivers of PPPs, and thereby helps reframe the discourse away from an over-emphasis on northern agency to include southern dynamics. It is hoped that this helps galvanise greater attention to southern scholarship.

### **3.1. Situating the literature review**

This section sets out the bibliometric analysis of the institutional location of authors cited in Languille (2017). Institutional location is a fairly accurate indicator of the level of scholarly influence of institutions and the countries they are located in. It is a less accurate indicator of racial and geopolitical divisions in knowledge production, since the movement of scholars means that, for instance, a black Nigerian scholar located in a British university is coded as contributing to British scholarship. Put differently, institutional inequalities in knowledge production do not fully coincide with identity inequalities, such as race, nationality and gender.

The institutional location of authors was identified using the authors' stated institutional affiliation in the journal article, book, conference paper or monograph. Where no institutional affiliation was given, a Google search of an author's most recent institutional location was used. Of the 143 items cited in the literature review, there were a total of 321 authors (including co-authors), and 143 first authors. Five authors in the literature review were unaffiliated to any institution and were coded as such. United Nations agencies and the World Bank were not given a country designation, but retained their status as international agencies. However, national development agencies with offices in many countries were assigned their home country. Similarly, non-governmental organisations and multinational firms with offices in multiple countries were assigned the country of their head office. Authors located in the United States and Canada were coded as "North America," while Mexico was coded as "South America," in order to facilitate an easy aggregation into the broader regional categories of global North and global South. Australia and New Zealand were similarly coded as being in the global North.

The bibliometric analysis of the institutional location of authors cited in Languille (2017) indicates that the review is skewed towards authors located in the global North. Authors in the United States and the United Kingdom dominate the literature review, contributing 27% and 33% of the articles respectively, or a total of 60% (see Figure 2 below). At a regional level, authors located in the global North contribute 82% of the articles, while those in the global South contribute to just 12% of the articles, and international institutions contribute the remaining 6% (see Figure 3 below).

Figure 2: The country location of all authors

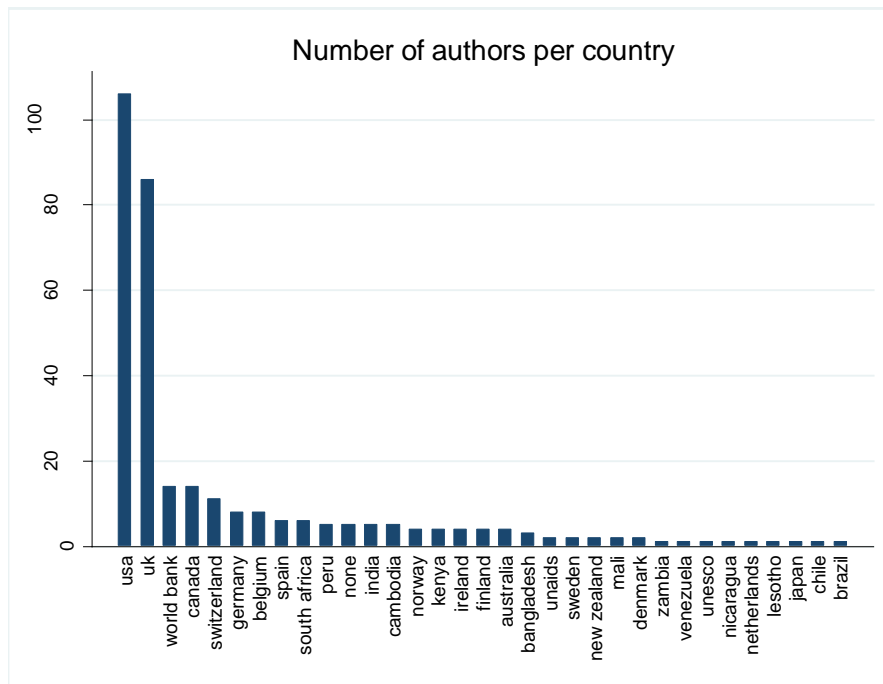
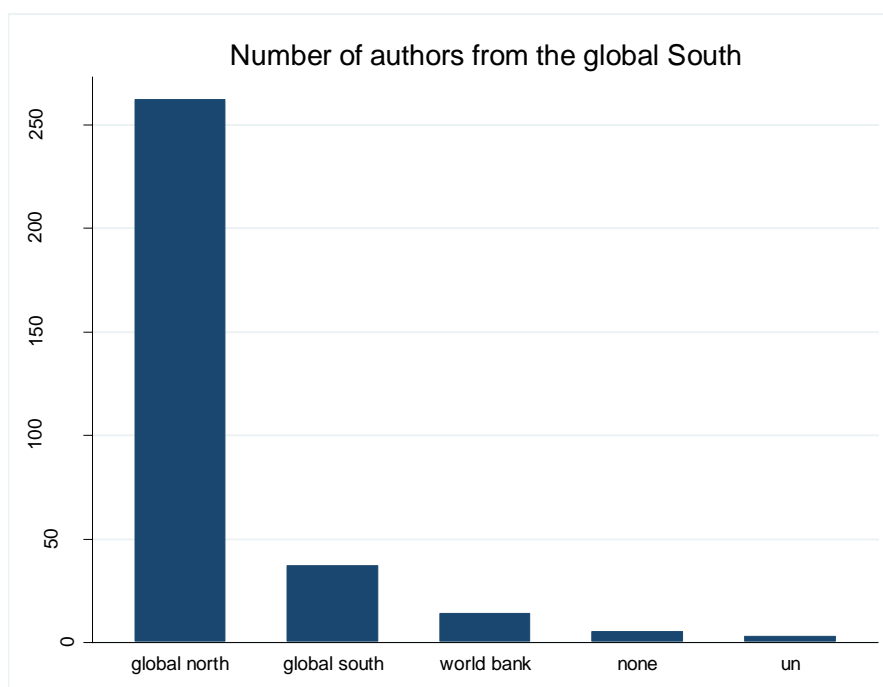


Figure 3: All authors located in the global South



This picture becomes starker when one considers first authors, where first authorship plausibly indicates who sets the agenda of the article, in terms of empirical and theoretical preoccupations. First authors in the global South contribute to just 3% of articles, the same proportion as authors from just one international institution – the World Bank (see Figure 4 below). In contrast, first authors in the

global North contribute to 92% of the articles. Significantly, there are no first authors located in African institutions (see Figure 5 below).

Figure 4: First authors located in the global South

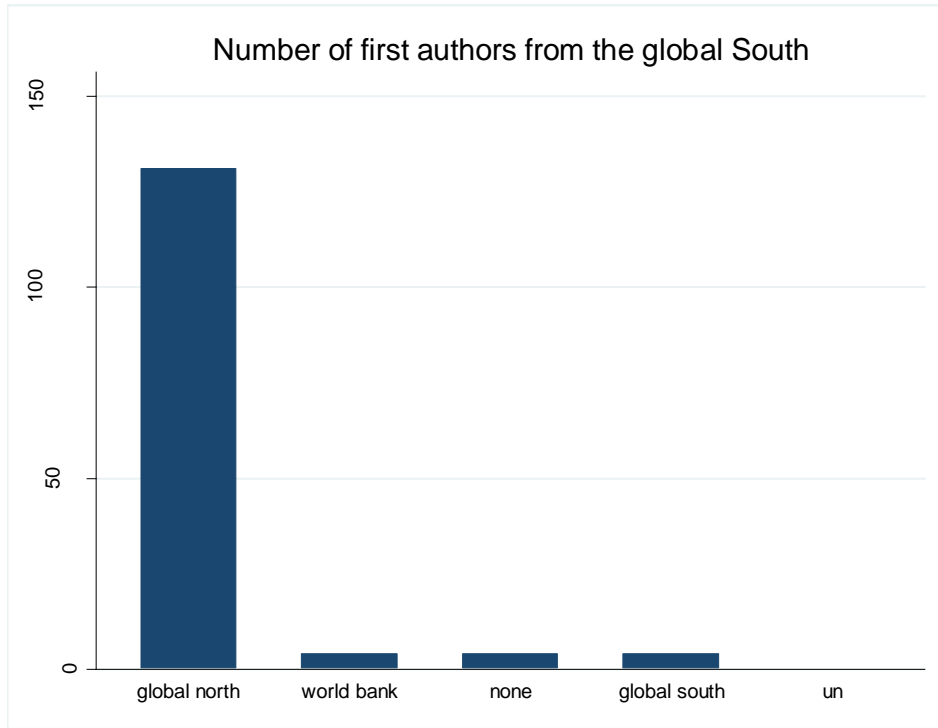
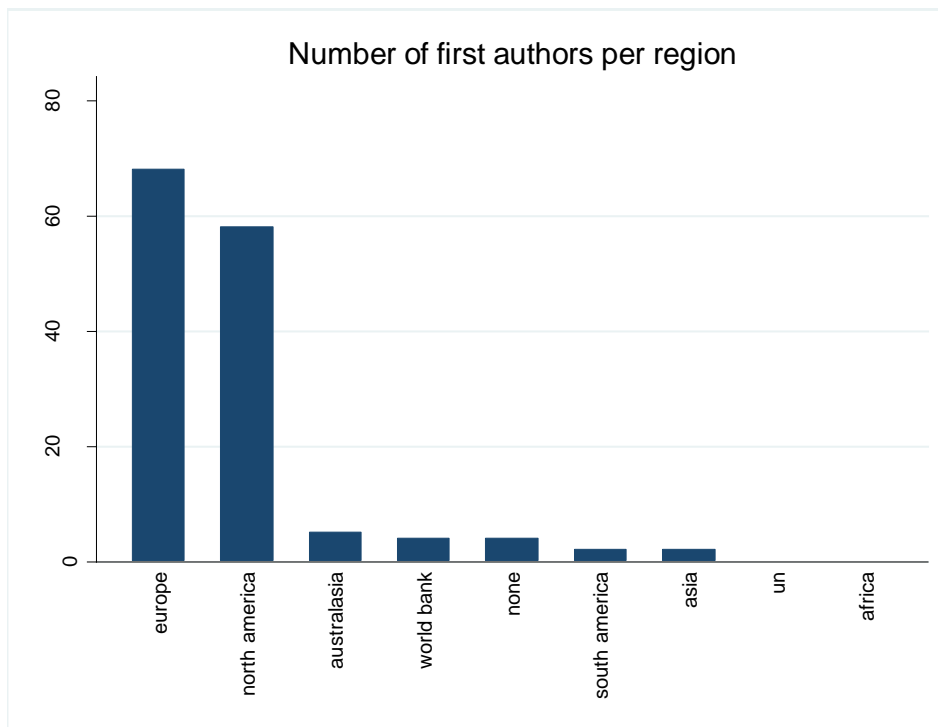


Figure 5: The regional location of first authors



Thus, while Languille (2017) provides an incisive overview of recent northern scholarship on public private partnerships in the global South, there is a need to understand how authors in the global South, and in Africa more particularly, have studied the dynamics and consequences of PPPs in the region, as this will provide a more holistic understanding of current scholarship in the area.

Within this context, this review focuses on PPPs in health in South Africa, with the aim of identifying the extent to which scholarship in the South accords with, or departs from, the main themes and perspectives identified in Languille (2017). The intention is to identify work that deepens and broadens extant empirical and theoretical literature from the global North.

### **3.2. Methodology**

Languille's (2017) literature review is drawn from a search of three academic databases: JSTOR, ERIC and PubMed, and catalogues of "key journals": *IJED*, *Compare*, *Comparative education*, *Social Science and Medicine*, and *Global Social Policy*. However, these academic databases are overwhelmingly dominated by journals published in the global North, particularly in the United States and United Kingdom (Bakuwa 2014; Nwagwu 2010), while all of the journals listed in the review are located in the global North. A recent bibliometric analysis of high impact northern journals dealing with African economies finds that these journals overwhelmingly publish northern-based scholars and their editorial boards are dominated by scholars in the United States and United Kingdom (Chelwa 2016).

This review therefore supplements these sources, by drawing on academic databases that curate journals published in the global South, including African Journals Online (AJOL), South America's Scientific Electronic Library Online (SciELO), and Asia Journals Online (AsiaJOL). In addition, it draws on a specialised database on healthcare in Southern Africa – the Regional Network for Equity in Health in East and Southern Africa (EQUINET), focusing on items indexed in its "public private mix" section. It also draws on two academic databases that specialise

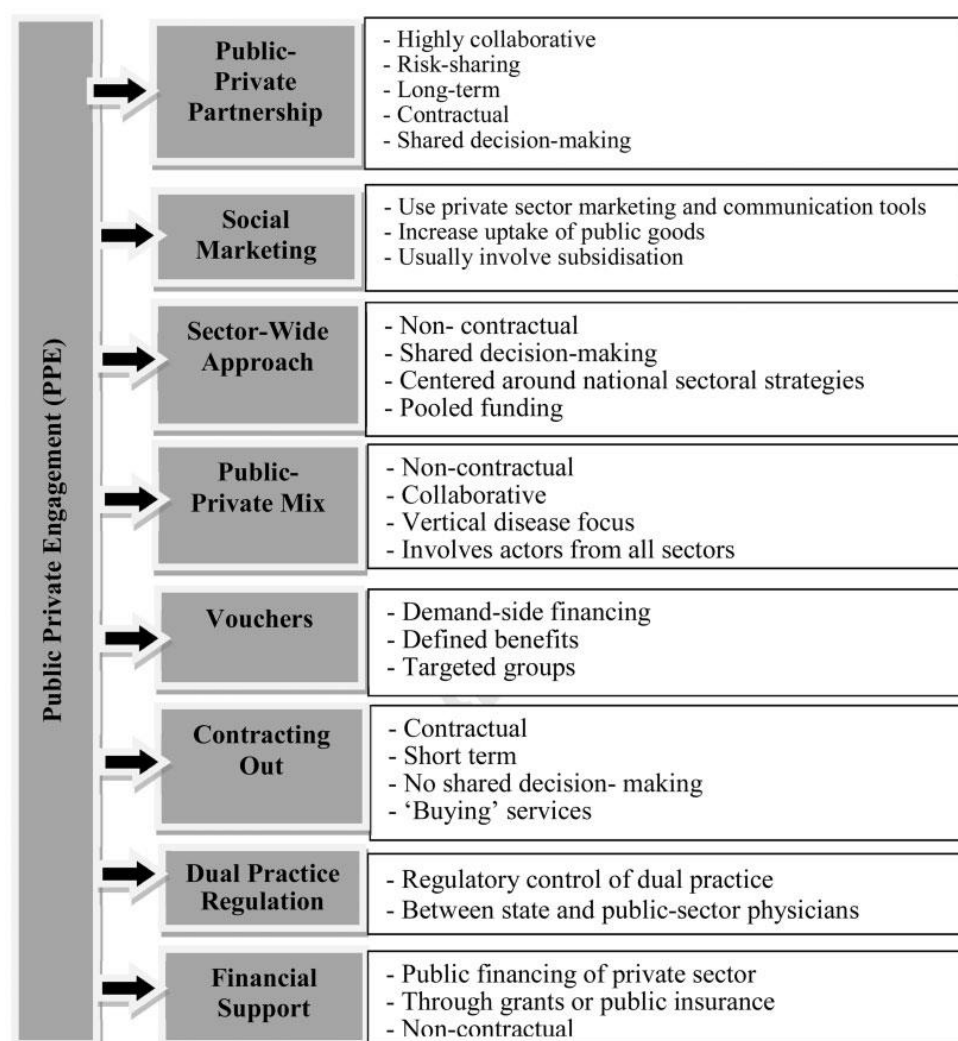
in publishing South African journals – Sabinet and the National Inquiry Services Centre (NISC). It further draws on key journals and books published in Africa. This includes the stable of journals and books published by the Council for the Development of Social Science Research in Africa (CODESRIA), including *Africa Development* and *African Sociological Review*, and journals published in South Africa, including the *South African Medical Journal*, *Journal of Contemporary African Studies*, and *New Agenda: South African Journal of Social and Economic Policy*. Importantly, these journals do not exclusively contain southern literature. However they tend to include a larger proportion of southern scholars relative to northern journals, and the inclusion of southern scholars on their editorial boards suggests that these journals are more likely to publish literature that speaks to the concerns of southern intellectual communities.

Languille (2017, 3) notes that there are multiple terms used to describe the role of PPPs in social policy. She argues that this is because the health and education literature has a broader conception of PPPs than that of the more established literature on infrastructure PPPs, which largely considers this to be a narrow contractual relationship between a public and a private entity, defined by a long-term horizon and the sharing of risks and costs between the two parties. As such, Languille's search items included not only the term 'public private partnership', but also 'public-private initiative', 'public-private interaction', 'contracting out', and 'demand side financing'.

However, this literature review takes a more narrow view of public private partnerships on the basis of the empirical typology developed by Whyte and Olivier (2016). Drawing on 68 case studies of different forms of public private engagement across Southern Africa, they develop a typology of different forms of private engagement in public healthcare depending on whether the engagement is contractual, the length of the engagement, and the ways in which risk-sharing, decision-making responsibility, and power are shared between state and non-state entities (see Figure 6 below). On the basis of this typology, a public private partnership in healthcare is defined by a contract between a state and non-state actor, which involves the sharing of risks and decision-making over a long-term horizon, where non-state actors are comprised of for-profit companies, not-for-profit

entities, and non-governmental organisations. This definition of a PPP includes arrangements for contracting non-state actors to build, finance and/or operate public healthcare facilities, as well as arrangements for contracting non-state actors to use public healthcare facilities in exchange for payments in goods, services or fees. It excludes the use of any short-term and/or non-contractual arrangements between state and non-state actors, such as the use of non-state actors to market public health information or provide short-term services and goods to the public health sector.

Figure 6: Models of Public-Private Engagement in Southern Africa



Source: Whyte and Olivier (2016, 5)

Long-term, contractual risk-sharing arrangements have distinctive implications for public debt. Under this arrangement, for instance, instead of the state providing



upfront capital to build a hospital, the PPP uses annual instalments from revenue budgets or user fees to pay the private sector for building the hospital. This arrangement therefore represents a form of public borrowing, where the difference in the timing of the cash flow obscures the true long-term cost of the debt (Romero 2015). As such, a more narrow definition of health PPPs is useful for investigating the drivers and outcomes of these hidden forms of public debt. However, Whyte and Olivier's (2016) empirical typology makes the useful analytical point that public private partnerships exist within a broader landscape of public private engagement. Consequently, while this review focuses on the more narrow definition of PPPs, it is nevertheless located within an understanding of the wider dynamics of public private engagement.

Despite the differences in the definition of health PPPs between Languille (2017) and Whyte and Olivier (2016), both reviews recognise that the term "public private partnership" may not always be used in the literature to characterise PPPs. As a consequence, this literature review uses Languille's more expansive list of search terms. It adds to this list the terms 'NPOs and healthcare', 'NGOs and healthcare', and 'financialisation of public goods.' This reflects current debates on the role of non-state actors in public goods provision in South Africa, which draw attention to the ways in which non-governmental and non-profit organisations may have a similar institutional function to for-profit firms.

Languille (2017, 2) focuses on articles published since 2000, when PPPs came to be viewed as important policy instruments for the global South by international financial organisations and international organisations, such as the World Bank and the World Health Organisation. However, the relatively smaller body of literature published in the South means that this literature search did not need be defined by a short time horizon, and the search therefore did not take into account the year of publication. This also enabled an examination of literature before the advent of formally defined health PPPs, which allowed for an analysis of theoretical work on the underlying causes of PPPs.

Once the first sift had been conducted and a draft review of the literature had been developed, the review was submitted to a senior health policy scholar for expert

review, who then identified key publications that were missing from the literature review. Additional articles were identified through snowballing from articles which cited these key publications. Table 1 below presents the inclusion criteria used in Languille (2017) and this review.

*Table 1: Criteria for inclusion*

Criteria	Languille (2017)	This review (2018)
Publication: date	2000-2017	Any date
Publication: type	Academic journals and books; minimal grey literature	Academic journals and books; no grey literature
Publication: location	Global North (implicit)	Global South (explicit)
Content: thematic focus	PPPs in health and education	PPPs in health
Content: geographic focus	Global South	Africa, with a focus on South Africa
Search: terms used	public private partnership public-private initiative public-private interaction public private collaboration multi-stakeholders partnerships contracting out private finance initiative demand-side financing charter schools voucher	public private partnership public-private initiative public-private interaction public private collaboration multi-stakeholders partnerships contracting out private finance initiative demand-side financing NPOs and healthcare NGOs and healthcare financialisation of public goods
Search: academic databases	JSTOR ERIC PubMed	Regional Network for Equity in Health in East and Southern Africa (EQUINET) African Journals Online (AJOL) Scientific Electronic Library Online (SciELO) Asia Journals Online (AsiaJOL) Sabinet National Inquiry Services Centre (NISC)
Search: key journals	IJED Compare Comparative education Social Science and Medicine Global Social Policy	Africa Development African Sociological Review South African Medical Journal Journal of Contemporary African Studies New Agenda: South African Journal of Social and Economic Policy

### 3.3. Mapping typologies of health PPPs

Languille's (2017) review identifies three main types of PPPs in northern literature on the topic. The first strand of literature concerns global health initiatives, which have received fairly extensive scholarly treatment, especially regarding the funding and development of vaccines and drugs. The second strand focuses on in-country arrangements for the construction and maintenance of health facilities, as well as the delivery of health services and related non-clinical services. Here, Languille notes that there is some scholarship on South Africa's experience in contracting out primary care services (Mills et al., 2004; Palmer & Mills, 2005). The third strand concerns "demand-side financing schemes", or vouchers, that subsidise users to purchase services from accredited providers. As discussed above, the use of vouchers does not satisfy the narrow definition of public private partnerships, and is therefore not discussed in this review.

However, Whyte and Olivier's (2016) review of literature on the topic in Southern Africa nuances the in-country arrangements for the delivery of health services. They develop an empirical disaggregation of in-country PPPs by examining the different forms of financing, operation models, services provided, and benefits to state and non-state actors (see Table 2 below).

*Table 2: Different PPP models*

<b>Private Finance Initiative or (DBFO)</b>	<b>Public-Private Integrated Partnership</b>	<b>Alzira Model</b>	<b>Franchise</b>	<b>Co-location Public-Private Partnership</b>
Long-term contract in which the design, building financing and non-clinical operation of a facility, in accordance with public authority requirements, is contracted to a private consortium.	Long-term partnership between the state and a private consortium, in which contracted services include infrastructure, non-clinical operations and clinical operations delivered to a specified segment of the population.	A contractual arrangement that combines the building of facilities with the operating of non-clinical services and clinical services including primary care provision for a defined population in return for capitated payment.	The public authority uses contracting arrangements to harmonise the activities of a network of providers, supporting the providers through branding and bulk drug purchasing, while strictly controlling the quality, quantity and package of services provided and disallowing cream-skimming.	A long-term partnership through which a portion of a public hospital's premise is granted for use by a private provider, sharing infrastructure and support services but operating as distinct facilities, in return for payment and specified benefits to the public party.
<b>Key characteristics</b>				

Utilises private financing	Utilises private financing	Utilises private financing	Network approach	Shared premises
Includes upgrading/building and non-clinical facility management	Includes clinical (tertiary) and non-clinical facility management	Includes clinical (all levels) and non-clinical facility management	Resource sharing from public to private partner	Payment from private to public partner
3-way subcontract structure (finance, build/procure, manage)	Contract specifying quality, quantity and outcomes	Capitated payment mechanism	Strict control of quality, quantity and type of services	No private provision of services on behalf of public sector

Source: Whyte and Olivier (2016)

The Alzira Model has received perhaps the greatest public attention in the form of Lesotho's Queen Mamohato Memorial Hospital. This is an 18-year contractual arrangement for a private consortium, led by the South African company Netcare, to build the facilities and provide both non-clinical and clinical services to a defined number of patients. In return, the government pays an annual unitary fee that covers capital repayment and service delivery costs (capitated payments). This was presented as a flagship PPP model by the International Financial Corporation (IFC), but has been subjected to extensive criticism (McIntyre 2010; Doherty 2011; Marriott 2014; Hildyard 2014). This criticism has largely focused on the implications for the national budget, drawing attention to the generous 25% return on equity for PPP shareholders and a total projected cash income 7.6 times higher than the original investment. The result is that the hospital has cost more than three times what a public hospital would cost, and consumes more than 51% of the public health budget. This has led to an increase in public debt, such that the government has reduced its public health budget.

However, Whyte and Olivier (2016) do not find any other examples of the Alzira model in their literature review. Instead, the majority of in-country arrangements studied in Southern Africa concern co-location PPPs. All of the studied co-location PPPs focused on South Africa, where a growing number of tertiary public hospitals are sharing premises with private providers. Netcare, for instance, currently has five co-location hospitals in its portfolio (Netcare Group 2017), and at least one other co-location hospital through its majority shareholding in the Community Health Group (Netcare Group 2015). The co-location model operates on the basis of economic segregation, where wealthier patients pay to use the private facility, and poor

patients access the public facility. Given the ways in which race and class continue to coincide in South Africa, it is plausible that this co-location model reproduces forms of segregation that have strong continuities with apartheid healthcare. The dynamics and consequences of this appear to be unstudied in the literature.

In addition to these sub-types, a review of literature focused on South Africa provides three other sub-types of in-country arrangements. The first sub-type concerns the state contracting out services to non-governmental organisations (NGOs) and non-profit organisations (NPOs), rather than for-profit companies. A recent example of this discussed in the literature is the case of Life Esidimini, where the Gauteng Department of Health in South Africa outsourced mental health services to 'fly-by-night' NGOs, which were not licensed to provide services, as a consequence of which 143 patients died of neglect (Lund 2016; Govender 2017; Stein et al. 2017; Dhai 2017; Farham 2017). This literature indicates that, while NGOs and NPOs have a legal standing that is distinct from for-profit companies, they may nevertheless approximate their operating model and function in two respects. First, they may be driven by the ethos of personal gain rather than public service. Second, they share a similar institutional logic, insofar as NGOs and for-profits are not in the first instance accountable to citizens, but are rather primarily accountable to funders and investors respectively. As Baru and Mundy (2008) demonstrate in their historical analysis of the evolution of PPPs in Indian healthcare over the last six decades, NGOs have increasingly played a mediating role in such arrangements, which are characterised by an overall lack of accountability to citizens on the part of both for-profits and NGOs. As a consequence, there is evidence that there has often been a blurring of roles between NGOs and for-profits across the global South (Kapilashrami and O'Brien 2012). Furthermore, a body of literature explores the ways in which the complex entanglement between state and non-state actors in the context of contractual arrangements that minimise accountability for non-state actors significantly fragments the state and weakens its power (Hassim 2008; Adésínà 2009; Lund 2016).

The second sub-type concerns the role of international donors in outsourcing the provision of public healthcare to NGOs and NPOs. This appears to be the most common – and complex – form of in-country arrangement for outsourcing public

healthcare to NGOs and NPOs. It occurs when donor funding is made conditional on the funding flowing through the state to NGOs and NPOs, such that the PPP comes to be defined by three actors – the state, the NGO/NPO, and the international donor. In the South African context, 98% of health expenditure is derived from state and local private spending and just over 2% is derived from external sources. Nevertheless, donor funding seems to have had an outsized impact on the outsourcing of public HIV/Aids and tuberculosis treatment to non-state actors. In 2009, external sources made up 16.4% of all HIV/Aids and tuberculosis spending in South Africa (Koch and Weingart 2016). This figure is considerably smaller than donor funding for other Southern African countries, where up to 80% of all health programmes are funded from outside (Whyle and Olivier 2016). Yet, the institutional consequences of such funding recently became manifest when the two largest external financiers of healthcare provision in South Africa – the United States through the US President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) – cut their contributions. Since 2004, the PEPFAR programme has channelled nearly \$4 billion to South Africa (Kavanagh 2014 cited in Koch and Weingart 2016). The majority of resources were allocated to NGOs offering direct services for patients in need of antiretroviral drugs. Since the United States ceased funding, many specialised HIV treatment centres have been forced to close (Biesma et al. 2009; Parsons, Mathole, and Sanders 2010) and the state has struggled to absorb patients and staff into an underfunded public health system (Koch and Weingart 2016). Thus, despite the limited volume of donor funding in relation to South African resources, donor funding has a demonstrable capacity to fundamentally shape the institutional landscape of public health provision.

Donors’ capacity to reshape health institutions is particularly important in the rest of Southern Africa, which is far more heavily reliant on donor funding for healthcare. A review of seven case studies of global health initiatives in the region indicates that these initiatives frequently bypass and thereby undermine government health plans and priorities, and tend to be defined by a lack of financial transparency, an absence of accountability to state actors and low levels of sustainability (Whyle and Olivier 2016). A similar in-depth case study of Global Health Initiatives across seven countries in Europe, Asia and Africa found that they bypassed coordination

mechanisms, thereby weakening national governance mechanisms (Spicer et al. 2010). It appears that there is as of yet no case study which examines the mechanisms for improving international donors' accountability to national states or ensuring that donor programmes do not have a destabilising effect on public health systems.

A third sub-type of PPP in the literature concerns the proposed National Health Insurance (NHI) scheme in South Africa in the context of inequitable expenditure on health. In 2016, the Department of Health (2017a, 42) estimated that medical aid members, including state employees, received R20 billion in tax credits from the state as well as a direct subsidy of R18.5 billion through the state's contribution to the Government Employee's Medical Scheme, which employees use to purchase health services from private providers. In contrast, government allocated R190.7 billion to public health expenditure. These subsidies to the private sector therefore represent a loss of almost 20% of potential government spending on public health. This excluded the substantial payments made to private healthcare providers as government contracts out and in various services, which amounted to at least 10% of hospital budgets in 1999, where this has likely increased substantially in the intervening years (Dambisya, Modipa, and others 2009). In addition, private spending on healthcare in 2016 amounted to R198.4 billion, which represents more than half of all spending on healthcare in the country. Much of the scholarship in this area emphasises that the private sector services only 15% of the population, as a consequence of which a minority of the population (who are overwhelmingly white) receives a disproportionate share of public and private investment in health (Bond, Pillay, and Sanders 1997; Chopra et al. 2009; Dambisya, Modipa, and others 2009; McIntyre 2010; Schaay et al. 2011; du Plessis 2013; Marten et al. 2014). An indication of this is that approximately 80% of doctors in the country service just 15% of the population (Gonzalez 2017). In this context, the Department of Health envisioned that the proposed NHI would replace multiple private health insurance schemes with a single mandatory national health insurance scheme controlled and owned by the state, which would purchase healthcare services on behalf of the entire population from both public and private providers (Department of Health 2017a, 1). To do so, the state would end the system of tax credits to private health insurance companies and introduce NHI-specific taxes, while subjecting private

providers to long-term contracts specifying the maximum rate of payment for health services (Gonzalez 2017).

While the literature notes that the NHI represents a long-term “contracting-in” of private sector medical professional into the state (McIntyre 2010; Surender, Van Niekerk, and Alferts 2016), and is therefore a public-private partnership, the majority of literature on the NHI is focused on its feasibility. This includes issues of financial feasibility (Claasen 2012; Hongoro 2012; McIntyre 2012), human resource constraints (Matsoso and Fryatt 2013; Lloyd, Sanders, and Lehmann 2010), supplier constraints (Ward et al. 2014) and administrative feasibility (van Niekerk 2012; Magadzire et al. 2017), as well as the extent of support for the NHI. In this respect, a growing body of empirical work seeks to elicit the perceptions, experiences and values of potential users of the NHI (Shisana et al. 2006; McIntyre et al. 2009; Weimann and Stuttford 2014) as well as medical practitioners in and out of NHI pilots (Moosa et al. 2016; Surender, Van Niekerk, and Alferts 2016; Béland and Ridde 2016). A small body of literature also reviews the policy positions of various key actors in the NHI, such as political parties, medical schemes and trade unions (McIntyre 2010; von Holdt 2014; Rispel 2016; van Niekerk 2016).

A key gap in this literature then, is an exploration of the logic of the NHI as a PPP arrangement that seeks to (re)introduce the public into the private, rather than bringing the private into the public, and the ways in which this structures tensions between state and non-state actors and shapes broader social understandings of healthcare as a public good. Put differently, while PPPs have largely been analysed as attempts to bring the characteristics of the private sector into the public sector – what Mackintosh (2006) calls marketisation – PPPs can have the opposite logic – that of attempting to decommodify private healthcare.

This is a critical epistemic gap, since shortly after gazetting the White Paper on the NHI in 2017, the Department of Health (2017b) issued a gazette for implementation structures which would be dominated by private sector interests, and where the terms of reference abandon the principle of a single-payer single-tier health system in favour of a multiple-payer system defined by differentiated access to quality health care. In light of this about turn, the People’s Health Movement argued that intense



private sector lobbying had allowed corporate capture of the NHI for private interests (Reynolds 2017). While the implementation of the NHI is likely to be a site of ongoing contestations, research on the political economy of this PPP-driven health reform not only has political value in the short-medium term in South Africa, but may also generate useful empirical insights for countries seeking to implement similar reforms in the future.

Within this context, the mechanisms for disciplining the private sector and the constraints on the state's attempts to do so are key areas for research. Disciplinary mechanisms typically include the mechanisms of state regulation, such as state legislation, national policies, and regulatory structures. This area of research remains under-developed, with the exception of Doherty's (2015) policy review of health legislation across Southern and East Africa, which examines the range and limitations of existing legislation, identifies major implementation and enforcement problems and suggests strategies that Ministries of Health in the region could adopt to regulate the private sector more effectively and in line with key public health objectives. Yet, as Doherty stresses, there is very little empirical research on the power of the private health sector to undermine efforts for increased regulation, and as such, the political economy of state regulation remains underexplored.

In addition to state regulation, disciplinary mechanisms can also include financial mechanisms available to the state, such as the Public Investment Corporation (PIC), which is the single largest South African investor on the JSE and a major investor in private healthcare providers such as Netcare. The PIC has the capacity, through its sheer financial size, choice of investments and shareholder activism, to shape not only the ownership and management structures of businesses, but also their core objectives. As Hendricks (2014) argues, questions as to how the PIC might discipline these firms, and why it has not done so remain unanswered in the empirical literature.

### **3.4. Drivers of PPPs: factors and actors**

Languille's (2017) review indicates that the drivers of PPPs in healthcare and education have largely been analysed in northern literature through the lens of neoliberal globalisation, both as an international ideological development and through its main institutional vectors, such as the World Bank and philanthrocapitalists. As such, three categories of actors have been subject to specific analyses: international financial institutions, philanthropic organisations and private companies. However, Languille emphasises that, while private companies are key actors in PPP provision, very little is known about them, their incentives and their actual benefits. In this respect, this review finds that there is also some grey literature examining the role of international development agencies, such as the UK's Department for International Development, in driving and financing health PPPs in the global South (Marriott 2014; Transnational Institute 2017; Jubilee Debt Campaign 2017).

In addition, Languille briefly notes that literature on global health initiatives has also invoked problems regarding intellectual property rights in relation to global pandemics such as HIV/Aids. However, this literature is located in a nascent tradition that identifies complex and expensive intellectual property rights regimes as a barrier to the open sharing of knowledge necessary for innovation (Heller 1998; David 2001, 2004; Ghosh 2007; Hess and Ostrom 2007; Hall, Hoffmann, and Ostrowski 2012; Frischmann, Madison, and Strandburg 2014). This discourse is clearly articulated within the emerging literature on knowledge commons and related activism on open science, open software, and open government data. Many of these scholars and activists visibly locate themselves within a tradition that is opposed to the tenets of neoliberalism, particularly unbridled privatisation and a reliance on market actors. The tensions and contradictions in using knowledge commons language and literature to justify the creation of public private partnerships are an interesting and hitherto unexplored avenue of research.

When reviewing southern scholarship on the topic, however, the natural point of departure is literature on structural adjustment policies, which have often been understood not only as a local form of neoliberalism, but also as a reworking of the political economy dynamics of colonialism. Following the oil crisis and a series of droughts in the mid-1970s, African governments approached the International

Monetary Fund (IMF) and World Bank for emergency financing, which was provided on condition that they implement a package of wide-ranging economic reforms known as “structural adjustment.” Between 1981 and 1989, 36 African countries had undergone at least one structural adjustment programme (Bujra 1994, 132). These mandated reforms typically included the removal of currency exchange controls, a substantial reduction in export and corporate taxes, the privatisation of state-owned enterprises and the withdrawal of the state from the provision of public goods, including health and education (Mkandawire and Soludo 1999). By the end of the 1980s, scholars noted, many countries had a lower GDP per capita than at independence (Fosu, Mlambo, and Oshikoya 2001). External debt (often to former colonial powers) had grown to the extent that a number of countries were classified as insolvent, and were forced to allocate the majority of their budget to servicing debt (Elbadawi and Ndulu 1996). During this time, living standards fell dramatically. The sharp currency devaluation accompanied by rising inflation substantially eroded the purchasing power of wage earners, who were now also required to pay user fees for social services. This period was therefore characterised by growing inequalities in access to healthcare and education, and increased mortality and malnutrition (Mkandawire and Soludo 1999, 88), where the substantial reversal in post-independence gains in education and health disproportionately affected women and girls (Sanders and Davies 1988; Bassett, Bijlmakers, and Sanders 2000; Potts et al. 2001; Stromquist 1999; Frimpong 2017). Common to much of the scholarship during this period is the view that externally mandated divestment from public goods was a central driver of the growth of private sector provision of education and healthcare (Owesukon 1985; Usman 1985; Gutto 1988, 1988; Campbell 1989; Zack-Williams 1993; Himmelstrand 1994; Carnoy 1995; Bassett, Bijlmakers, and Sanders 2000; Fosu, Mlambo, and Oshikoya 2001).

An important contribution to this theme is a systematic review of private and public health systems in the global South, which finds strong evidence of “competitive dynamics” for funding between the two sectors, such that public funds and personnel were redirected to private sector development, followed by reductions in public sector service budgets and staff. Significantly, Basu et al. (2012). This suggests that an increased role for the private sector may decrease the quality of the public sector, in turn generating further endogenous demand for private health provision. This

hypothesised loop of causality, in which the private capture of public funds increases local demand for private healthcare provision, appears to have received limited empirical attention.

In addition to these material factors, a number of scholars have traced the ways in which structural adjustment contributed to the rise of discourses demonising African states as inherently corrupt (Kapilashrami and O'Brien 2012; Mkandawire 2015), such that the idea of the public good came under increasing pressure (Mustapha 2012). As Mackintosh and Koivusalo observe (2005, 101), the attendant promotion of the commercialisation of healthcare in the 1980s and 1990s "can be understood as a deliberative exercise in influencing the intellectual common sense ... The pro-commercialization arguments even came to seem 'good sense' in many contexts, because of popular experience of deteriorated and even abusive public sectors." This literature suggests a material-ideational dialectic, insofar as divestment from public health contributed to the view that healthcare is best provided by private actors, which in turn deepened divestment from public health.

However, rather than viewing these developments as simply an outcome of the imposition of northern actors, such as the World Bank and IMF, much of the scholarship has focused on the dialectic between local and international factors. Here, the role of state actors has been subject to extensive scrutiny, particularly with regard to their suppression of local dissent against adjustment (see, for instance, Bangura, Mustapha, and Adamu 1983; Mkandawire 1985; Mafeje 1990; Mkandawire and Soludo 1999, 2003; Federici, Caffentzis, and Alidou 2000), and the ways in which this has not only reconfigured and deepened existing gender inequalities but has also reshaped gender itself (Savané 1982; Steady 1982; AAWORD 1985; Mama 1995; Tsikata 1996; Pereira 2002). This literature has in turn given rise to a distinctive sociology of scholarship and policymaking, which emphasises that informed public deliberation is a critical ingredient in the political and economic flourishing of a society, and that scholars and intellectuals play an important role in informing public deliberation (see, for instance, Ake 1990; Diouf and Mamdani 1994; Mkandawire 2005; Olukoshi 2006; Koch and Weingart 2016).

In the context of South Africa, however, structural adjustment programmes were not imposed on the country as a condition of emergency financing. Rather, the country autonomously adopted a programme very similar to that of structural adjustment, the Growth, Employment and Redistribution Programme (GEAR). Much of the literature on this topic has focused on the internal drivers of GEAR. This includes the role of the apartheid government's policy ideas and civil servants in the CODESA negotiations to end apartheid (Van Niekerk 2007), as well as the role of progressive academic economists and the constraints on their capacity to explore and implement more equitable economic policies, such as the collapse of civic organisations and social movements in the 1990s, and the intellectual isolation and ossification of South African scholarship, which left it vulnerable to the ideational pressures of the Washington consensus (Padayachee and Sherbut 2007). However, very little scholarship has addressed the surprising convergence of South Africa's policymaking and economic trajectory with that of other former settler colonies on the continent. One outstanding exception is Mkandawire's (2010) study of tax handles, which builds on Amin's (1972, 1976) historical inquiry into colonial institutions to demonstrate that different modes of colonial incorporation have resulted in different kinds of institutions that persist today. Mkandawire comments that in the post-independence period, black political elites in former labour reserves (settler colonies) may have been institutionally positioned such that they became invested in maintaining the institutional arrangements bequeathed by colonialism (2010, 13). This suggestive comment, however, does not seem to have been explored in the empirical literature on the topic. Potential areas of exploration include not only political elites' use of private health services, but also their role in supplying private services to the health sector and the factors responsible for the blurring of boundaries between state and private sector interests.

A second potential factor underlying the emergence of PPPs concerns the role of race, gender, class and spatial inequalities in South Africa, and how this might create endogenous demand for increased involvement of the private sector in public goods provision. In a study of the structure and flow of government funding to the public and private health sectors in South Africa, du Plessis (2013, 2) finds that "Those who access public institutions such as public healthcare are assumed to be 'dependent' on the state, whilst those who access private health facilities claim to be

‘independent’ of the state. However .... these assumptions are flawed. Access to the formal labour market, and subsequently the paying of taxes, authorises one to access state subsidies not available to those who do not.” The suggestion here is that formally employed individuals are incentivised to pursue private healthcare through state subsidies, where white people in the private sector and black civil servants constitute the majority of those who have access to private health insurance. On the flipside, the capacity of a small elite to crowd-in government funding for private health services erodes the material base of the public health system, as a consequence of which the majority of poor black people who use public health are plausibly incentivised to view private healthcare as an aspirational good. The dynamics of inequality in creating endogenous demand for forms of privatisation have hitherto received very limited empirical attention. An important exception to this is Béland and Ridde’s (2016) study of the resistance of policy implementers (such as doctors and nurses) against the removal of health-care user fees currently taking place in sub-Saharan Africa. The authors find that problems with implementing more public forms of healthcare engender skepticism about its sustainability, and that in some countries, there is outright ideological resistance to public health on the grounds that it encourages frivolous use and dependence on the state. However, the vectors of inequality, such as class, gender, race and region are not explored in this literature. Further careful empirical work is needed to understand the different vectors of inequality and the ways in which this drives or curtails demand for public private partnerships in health.

A third strand of literature focuses on the dynamics of foreign direct investment (FDI) emerging from the global South. Multinational companies based in South Africa have been the subject of particular analysis given their emerging dominance not only within Africa but also increasingly in Western Europe and Western Asia (the Arabian peninsula). The most prominent of these is Netcare, which has expanded into Lesotho, Botswana and the UK, and constitutes not only the largest private hospital provider in the UK but is also a key actor in the emergence of PPPs in the NHS (Lethbridge 2007; Mortensen 2008; Player and Leys 2008; Hildyard 2014; Sakr and Jordaan 2016, 2017b, 2017a). However, this literature is largely located within a tradition that examines the dynamics of FDI emerging from the global South (namely, a pattern of first South-South investment and then an expansion into northern

markets). Relatively little attention has been paid to the role of companies such as Netcare in reconfiguring the relation between the state and the market, and the nature of health as a public good in both the South and the North.

Related to this, there appears to be no literature examining state subsidies to the private health sector as a form of industrial policy. This framing is useful, since although this was clearly not intended as a form of industrial policy, it has managed to enable the expansion of southern industries into the North. In contrast, other forms of industrial policy, such as those targeting original equipment manufacturing in the transportation sector, have demonstrably failed (Rennkamp and Boyd 2015; Fessehaie, Roberts, and Takala-Greenish 2015; Black, Craig, and Dunne 2016; Masondo 2018). Understanding why state support for private hospital chains in South Africa has enabled them to expand into other markets, vis-à-vis other industrial sectors, may be useful for understanding the constraints and possibilities of new forms of industrial policy in the country.

### **3.5. Main debates**

#### **3.5.1. Contesting the partnership paradigm**

Languille (2017) observes that advocates of PPPs in health and education focus on four dimensions: win-win interactions, innovation, choice and efficiency. Accordingly, critics of PPPs attempt to demonstrate that PPPs are not truly a partnership, that they do not foster innovation, and that they are not efficient. As the discussion of the literature on NGO provision in section three demonstrates, southern literature focuses on the blurring of roles between state and non-state actors and the consequences of this for the legitimacy and coherence of the state.

However, the regulatory dynamics of such partnerships remain largely unexplored. This is in part because of the secrecy and complexity governing the contractual arrangements between state and non-state actors in general (Romero 2015). In the context of Southern and East Africa, this appears to be linked in part to the weak regulatory environment in which for-profit healthcare companies operate, where

legislation typically focuses on controlling the entry of private providers and health insurers into the market, but does not provide legislation for controlling or monitoring the type, volume, distribution, quality and price of healthcare services (Doherty 2015). The regulatory dynamics of health PPPs in this context suffer then from a double absence of regulation – a lack of general regulation of the private healthcare sector coupled with a lack of specific regulation of PPPs. In the South African context, the state currently provides no publicly-available information on tenders that have been awarded to non-state actors. While National Treasury has set up an eTender portal which provides information on all calls for PPP tenders, and has a section for awarded tenders ([www.etenders.gov.za](http://www.etenders.gov.za)), there is no data on which entity has been awarded a tender for what work, nor does the portal provide the winning tender documents or the ensuing contracts with the state. The author's correspondence with National Treasury officials indicated that the Treasury PPP guidelines provide that the PPP agreement must be made available to the Auditor General for auditing purposes and is silent on disclosure for any other reason (Hltashwayo 2017). However, since the National Treasury is not the custodian of the PPP agreement, only the relevant Department can make the decision to disclose the PPP agreement. Yet in the context of fiscal and administrative decentralisation, the national Department of Health is not privy to PPP agreements entered into by provincial departments of health. Thus, in order to access information on PPPs in health, one would therefore need to request the Department of Health at national or provincial level for access to this information, which they might grant at their discretion. As a consequence, there is no policy requiring confidentiality, nor is there a policy requiring transparency. In effect, the policy is to have no policy, which in turn makes it difficult to hold state actors accountable for access to information.

This suggests three key gaps in the empirical literature. First, there is a need to trace the process by which policies governing PPPs have emerged. Second, there is a need to conduct investigative research into the scope of health PPPs, including the (mis)match between the promises made in tender documents, the contractual obligations of the PPP, and the results on the ground. This could be done by launching a mass request for information using the Promotion of Access to Information Act, which gives legal effect to the constitutional right to access to information. Third, there is a need to identify the networks of state and non-state



actors involved in these PPP arrangements. This would be helpful in investigating, for instance, whether large-scale PPPs are clustered around particular families and contribute to the emergence of dynastic politics.

### **3.5.2. The reconfiguration of state/market relations**

Languille (2017) notes that northern literature on PPPs in the South tend to highlight the blurring of boundaries between the state and the market, and in the process, reconfigure the divide between public and private goods. While the empirical literature focuses on the role of multilateral state configurations in driving PPPs, there is comparatively little scholarship on the way in which national states operate as market makers. Moreover, she observes, the notion of ‘profit’, which drives corporate interest in PPPs, is seldom treated as an analytical concept in the empirical literature. In particular, very little empirical work has been done on the financialisation of PPPs. Languille notes that a rare exception to this is the work of McGoey (2014), who explores the direct link between the increasing reliance of private firms on state subsidies and financialisation, which leads private companies to decrease their investments in research and development, such that the costs and risks of investments for innovation are socialised while the financial benefits are crowded-in by a few individuals.

A review of southern literature on the topic indicates that these processes of financialisation have likewise received very little scholarly attention. In particular, the role of southern private companies in reshaping public health, both within the South and the North, remains a key gap in the literature. The provision of state subsidies to South African firms, such as Netcare and Medi-Clinic, in the form of tax credits, indirect state funding in the form of the Government Employees’ Medical Scheme, and direct state investment in the form of the Public Investment Corporation has been well-documented in the literature (McIntyre 2010; Ashman, Fine, and Newman 2011; Fine 2012; Hildyard 2014; du Plessis 2013). Less well-documented, however, is the ways in which these multiple state subsidies may have facilitated their expansion into Southern Africa, Western Europe and Western Asia. With regard to their expansion in Southern Africa, the relationship between South African

companies and regional organisations, such as the South African Development Community and the Development Bank of Southern Africa, remains underexplored with the exception of a few studies that focus on infrastructure PPPs (Miller 2004; Roodt 2008). Moreover, while northern literature on PPPs often identifies northern agendas and institutions as key drivers of PPPs, these examples show that the dynamics are more complex. In the same way as scholars have written about colonies as the laboratory of modernity (see, for instance, Wright 1987; Comaroff and Comaroff 2012), it may be useful to consider the extent to which the post-colonies act as the laboratory of new forms of state-market relations across the global South and North, and the dynamics and consequences of this.

Related to this, there is a need to explore the ways in which public goods are conceptualised in the global South, particularly within former labour reserve economies defined by deep social cleavages that contour the ways in which public goods are provided and accessed. As Mustapha (2012) notes in his review of literature on the notion of the public and the ways in which it might be reconfigured within African contexts, the capacity of the public good to act as a public sphere within these contexts, and thereby lessen social distance and foster public deliberation, remains largely unexplored in the literature. This may be in part because of the ideological dominance of discourses demonising African states as inherently neopatrimonial and emphasising the role of NGOs as the primary actor of civil society and a necessary defence against corruption (Kapilashrami and O'Brien 2012; Mkandawire 2015). While there is some empirical literature examining the ways in which patients understand the character of healthcare in India, and how commercialisation has shaped their values and aspirations (Baru 2005), it appears that there is little empirical research examining how patients, medical practitioners, administrators and policymakers conceptualise the character of healthcare in former labour reserve economies, both in terms of its ability to function as a public good and its capacity to function as a public sphere. What work there is on the topic is largely theoretical and conceptual (Gueye 1997; Mbow 1999; Singh 2001; Zeleza 2005; Tilak 2009; Assie-Lumumba 2011; Walker 2012; de Sousa Santos 2013; Singh 2014).

### 3.5.3. Outcomes

Languille (2017) notes that northern literature on the topic explores the consequence of PPPs in terms of equitable access and costs. These costs include opportunity costs, such as a focus on cure versus prevention, technological versus social perspectives, and the increasing fragility of national health systems, as well as hidden costs, such as is involved with the administration of vouchers. Languille observes that while discourses in favour of PPPs often emphasise their capacity to enhance equitable access, there is still little evidence as to whether marginalised groups access and benefit from these arrangements.

A review of southern databases on this topic nuances this view. In the case of South Africa in particular, there are strong cleavages in the literature. On the one end of the spectrum, there is a large body of literature that advocates for the private sector in general, and PPPs in particular. Much of this can be found within health journals (Mokoena 1999; Wheeler and Berkley 2001; Reich 2002; Buso 2004; Sinanovic and Kumaranayake 2006; Bateman 2010; Hardcastle 2011; Essack 2012), some of which provide editorial space for the directors of private insurance companies and hospitals (see, for instance, Bateman 2014). In contrast, literature that is less concerned to demonstrate the benefits of the private sector, or is more sceptical about its benefits, is less concentrated and can be found within both health and social science publications (Mortensen 2008; McIntyre 2010; Basu et al. 2012; Warner 2013; Surender et al. 2014).

With regard to the global South more generally, there is a considerable body of evidence on the private provision of healthcare, and several systematic reviews have been conducted comparing private health systems against public health systems, in terms of the quality of care, health outcomes, equity of access, and cost effectiveness (Yoong et al. 2010; Basu et al. 2012; Health and Education Advice and Resource Team 2016). While these reviews do not provide direct evidence of the impact of public private partnerships, they do provide indirect evidence of the implications of private sector participation in public healthcare in terms of cost efficiency, investment in infrastructure, and patient health outcomes. The reviews find that the available evidence indicates that private sector actors more frequently

violated medical standards of practice and had poorer patient outcomes, but had improved reported timeliness and hospitality to patients. Reported efficiency tended to be lower in the private sector. There is some evidence that this may be partially a result of perverse incentives for unnecessary testing and treatment (Basu et al. 2012). On the flipside, several scholars have documented the reluctance of corporations to sustain ownership and provision of hospital care, and the extensive profit taking, risk shedding and corporate exit experienced in the sector across Asia, Europe and the Americas (Lethbridge, Mackintosh, and Koivusalo 2005; Jasso-Aguilar, Waitzkin, and Landwehr 2005). However, relative to the private sector, public sector services experienced more limited availability of medication, equipment, and trained healthcare professionals.

There is also direct evidence of the outcomes of PPPs on funding flows. As discussed in the section on drivers of PPPs, the evidence of “competitive dynamics” for funding between the public and the private, such that the private sector captures public funding through PPPs and thereby diminishes the quality of public healthcare, in turn raises the prospect of endogeneity within the health system (Basu et al. 2012). In this causal loop, increased public funding for the private sector contributes to the decline in the quality of the public sector, which in turn leads to increased demand for private health services. This may help explain the findings of a longitudinal study of 163 countries by Mackintosh and Koivusalo (2005). The study finds that the share of public healthcare in GDP is wholly uncorrelated with countries’ income per capita, but that higher shares of private spending in total health spending are strongly associated, across countries, with lower average incomes per capita. Moreover, the poorer a country, the more likely it is that the population employs out-of-pocket expenditure, where this weighs most heavily on those with lower incomes and excludes the very poor. In other words, increased private spending on healthcare is strongly correlated with decreased public provision of healthcare, where this correlation is not conditional on the wealth of a country.

Furthermore, as discussed above, there is a need to understand how some forms of PPPs, such as co-location arrangements, deepen race and class-based segregation. More deeply then, a key empirical gap in the literature is an evaluation of the ways in which PPPs shape notions of social citizenship: that is, the relationship between

government policies and the social right of citizens to a minimally acceptable livelihood outside the market, where this relationship is contoured by the political and economic conditions that make it possible for individuals and social groups to be included as members of society through the exercise or denial of social rights. Related to this, there is a need to examine the ways in which PPPs shapes democratic institutions and practices; for instance, through their effects on unions and popular political action, and how they may erode or strengthen citizens' capacity to hold the state accountable.

#### **3.5.4. The lack of evidence**

Languille (2017) notes that experimental research yields conflicting results depending on the model used and argues that there is an over-reliance on experimental research and insufficient qualitative research. However, a recent systematic review of 68 empirical studies on PPPs in Southern Africa finds that the majority of articles presented findings from qualitative (56%) and mixed methods studies (35%). Only 9% of the articles employed quantitative methods, of which only 1% employed experimental methods. Nevertheless, given that experiments are increasingly seen to provide the 'gold standard' of evidence in policymaking (The Lancet 2004), there is also a need understand the social processes and consequences of experiments in social policy.

In this regard, there are two types of experiments in social policy that are of interest. First, economists increasingly use the methods of clinical experimentation to evaluate the outcomes of social policy interventions. These randomised controlled trials (RCTs) seek to draw generalisable conclusions about the effects of policy interventions on large representative samples. In doing so, such *policy RCTs* invert the logic of traditional policy research. While non-experimental research musters pre-existing evidence in favour of a proposed policy reform, policy RCTs collapse the distinction between evidence and policy: they use policy reforms as evidence. Thus, the question of how policies are implemented becomes at the same time a question of empirical rigour. So, for instance, the financial stakes of a policy intervention can introduce the possibility of a conflict of interests, so that experimentalists become

biased in the experimental design or interpretation of results. While the problem of a conflict of interests is well-recognised in medical experimentation, it does not appear to be recognised as a significant issue in RCTs in social policy. Conversely, questions about experimental ethics become at the same time questions about the role of the state in eroding or upholding democratic values and constitutional rights. So, for instance, a large-scale RCT that seeks to test the effects of casualising public staff will run up against not only the experimental ethics of introducing precarious working conditions but also the state's obligations to its citizens, thereby potentially catalysing significant political resistance and major volatility in the public sector (for an example of this dynamic see the RCT on Kenyan teachers run by Bold et al. 2013).

In situations where high financial stakes and a limited democratic mandate converge, policy RCTs may be characterised by the lack of accountability and social isolation that typified much of the scholarship underlying structural adjustment programmes, and led to research that was deeply resistant to empirical evidence (Mkandawire and Soludo 1999). Linked to this, it is important to understand under what conditions policy RCTs may act to erode the democratic functioning of society and destabilise public goods provision. This appears to be unexplored in the literature.

A second kind of experiment in social policy involves policy-makers who introduce large-scale health system modifications (in terms of policies and programmes). These have been called a form of *social experimentation*, since they operate in an analogous fashion to clinical trials in two respects. First, the goal of policy interventions is presumably to “improve the delivery of health services through methods that there is good reason to think will work, based on relevant evidence. Since both pilots and scaled up efforts often involve untested components, they qualify as social experimentation.” (Daniels and Sanders 2005, 1) The second goal must be to protect the patient population from risks while attempting to deliver benefits. As with medical trials, there must therefore be a way to use evidence to assess these risks ahead of time and to monitor and evaluate them as implementation proceeds (Daniels and Sanders 2005, 2).

However, unlike clinical experimentation, such forms of social experimentation are not subject to ethical review boards that enable a minimal form of accountability to be placed on the implementing agency, insofar as there is no regulatory mechanism requiring social experiments to (i) have a sound evidence-base for the reform, and (ii) provide adequate protection of people affected by it through a careful assessment of risks and benefits and monitoring and evaluation of its implementation (Daniels 2006). The risk of harm is arguably larger than in clinical experiments insofar as social experiments affect entire populations, where participants are unable to give informed consent or opt out of the experiment (Panisset et al. 2012; Dixon-Woods et al. 2011). Where social experiments are designed and evaluated by external actors such as donor agencies, international financial organisations or international NGOs, the lack of mechanisms to ensure their accountability to local states and populations (as described in the previous section) increases the risk of large-scale harm (González-Pier et al. 2006; Hyder et al. 2014). Understanding the processes by which such forms of social experimentation are designed and evaluated has increasingly become a site of empirical and theoretical enquiry (Mkandawire 1999; Koch and Weingart 2016). Relatively little attention, however, has been paid to the ways in which such forms of social experimentation render society a laboratory for reconfiguring state-market relations. As the preceding sections show, this is a key knowledge gap.

### **3.6. Conclusion: key knowledge gaps**

Languille (2017) draws several insights from her review of northern literature on PPPs in education and health in the global South. First, she indicates that “Most studies are ... sceptical about the impact of these schemes.” However, this is clearly not the case in the literature considered in this review, for a considerable swathe of literature advocates PPPs on the grounds of scarce public resources, increased efficiency and quality. Much of this literature approaches PPPs as a necessity, echoing the ‘common sense’ view that African countries should divest from public health during structural adjustment. This literature is typically found within health journals, some of which provide editorial space for the directors of private insurance

companies and hospitals. In contrast, literature that is less concerned to demonstrate the benefits of the private sector, or is more sceptical about its benefits, is less concentrated and can be found within both health and social science publications. Thus, while Languille observes that much of the literature on PPPs is controlled by their main international advocates, particularly international financial institutions, northern-based philanthrocapitalists and aid organisations, private companies in the global South may also have a role to play in shaping academic discourses and agendas on the topic.

Second, Languille observes that northern literature on the topic does not provide data on the extent to which education and health services in the South are delivered through PPP mechanisms, so that there is a need to conduct more systematic mapping. However, a review of southern literature on the topic indicates that this is incorrect. There is at least one existing mapping exercise on the role of private actors in public healthcare provision in South Africa (Dambisya, Modipa, and others 2009). Nevertheless, given rapid changes in the health sector there is clearly a need to provide an updated map of health PPPs. This is particularly important, given the general secrecy and complexity governing the contractual arrangements between state and non-state actors, which significantly limits the possibility of detailed empirical investigation into the regulatory relationship between state and non-state actors in health PPPs, particularly in Africa. This suggests three critical areas of enquiry into the regulation of PPPs. First, there is a need to trace the processes by which *de facto* policies of secrecy and complexity governing PPPs have emerged. Second there is a need to conduct investigative research into the scope of health PPPs in order to identify their financial scale and their implications for public debt, and consider the extent to which the promises made in tender documents, accord with the contractual obligations of the PPP and the results on the ground. Third, there is a need to identify the networks of state and non-state actors involved in these PPP arrangements. This would be helpful in investigating the endogenous drivers of PPPs, by considering, for instance, whether large-scale PPPs are clustered around particular families and contribute to the emergence of dynastic politics.



Third, Languille argues that the theoretical grounding of most studies remains limited: “There is little discussion of the significance of education and health PPPs in relation to the current phase of capitalism, in its material dimensions, in low and middle-income countries. With few exceptions, most analyses focus on the ideological dimension of the present era – the re-articulation of the relation between the market and the state. They do not dwell on the transformation of capitalism, its increasing financialisation, its penetration of non-traditional sectors (such as health and education) and the shift from long term, productive imperatives to short term shareholders’ demands for high returns on investments.” This review confirms this view and suggests potential theoretical perspectives to deepen and guide empirical investigations into the financialisation of PPPs and the role of inequality in creating endogenous demand for PPPs: namely, theories of colonial incorporation located within the dependency theory approach (Amin 1972, 1976; Mkandawire 2010) as well as theories of racial capitalism expanded to include other intersecting vectors of dispossession, such as gender and region (Magubane 1976; Garba and Adesina 2007; Adésinà 2009).

Fourth, Languille argues that there is very little qualitative research on PPPs, particularly on the relation between state and capital. This review finds that, in the context of Southern Africa and South Africa in particular, this is incorrect. As Whyte and Olivier (2016) demonstrate in their systematic review of literature on public private engagement in Southern Africa, there is a fairly large, and growing, empirical literature on PPPs, where the overwhelming majority of these are qualitative and mixed methods studies, which draw on a variety of methods including surveys, case studies, ethnographies, interviews and focus group discussions. However, much of the literature is skewed towards South Africa, and there is a need for further studies of the dynamics and outcomes of PPPs in the rest of Southern Africa.

Fifth, Languille claims that there is little data on the corporate sector. This is difficult to ascertain, given that Languille does not review existing databases of corporate data, such as OpenCorporates. In this context, there is a need to mine such databases for corporate data in order to build a more detailed picture of the flows and structure of for-profit healthcare provision. In addition, given this review’s

findings that NGOs and NPOs play a central role in PPPs, there is a need to develop a database of the extent and type of NGO and NPO healthcare provision.

Finally, Languille asserts that the views of the ‘beneficiaries’ of PPPs have received limited empirical attention, where these encompass state officials, health front-line agents, and patients. However, as this review shows, there is a growing body of literature that elicits the views of doctors and patients on the role of at least one major proposed PPP in South Africa – the National Health Insurance scheme (Shisana et al. 2006; McIntyre et al. 2009; Weimann and Stuttford 2014; Moosa et al. 2016; Surender, Van Niekerk, and Alfors 2016), while a small body of literature also reviews the policy positions of various key actors in the NHI, such as political parties, medical schemes and trade unions (McIntyre 2010; von Holdt 2014; Rispel 2016; van Niekerk 2016). Moreover, there is a large-scale review of existing surveys of implementers of healthcare across Africa that demonstrates the importance of implementation problems in shaping resistance to or acceptance of public goods provision (Béland and Ridde 2016). Thus, this review shows that the views of doctors and patients on South African PPPs, and to a lesser extent, those of politicians, have already been examined in the scholarly literature. Instead, it may be important to elicit the views of these groups in terms of the logic of the NHI as a PPP arrangement that seeks to (re)introduce the public into the private. In particular, it would be useful to examine: the state’s attempts to discipline the private sector through this PPP; ideational, political and economic constraints on these attempts; the unfolding dialectic between the state and the private sector; and the ways in which this shapes social understandings of healthcare as a public good and the nature of social citizenship.

Overall then, this review of southern literature identifies empirical work that plugs knowledge gaps in the northern literature, and suggests a slightly different orientation to the analysis of health PPPs. While northern literature tends to emphasise the role of northern actors and drivers in the expansion of health PPPs, southern literature calls attention to the endogenous dynamics of PPPs and the ways in which these intersect with the global. This in turn provides distinctive theoretical tools for investigating PPPs in the South, including models of racial capitalism and settler colonialism.

This suggests a number of avenues for empirical and theoretical enquiry (as outlined in Table 3 below), which can be broadly grouped into three areas. First, there is limited empirical work on the endogenous dynamics of health PPPs in the global South. On the one hand, there is very little information on the scale of health PPPs in terms of for-profit and non-profit entities, as well as the implications of health PPPs for public health financing and national debt. On the other hand, we do not fully understand the locally-situated drivers of PPPs. In the context of South Africa, this includes factors such as the persistence of colonial institutions, the social dynamics of inequality, and the role of state financing for the private sector, which constitutes a form of industrial policy.

Second, little is known about the ways in which endogenous drivers of PPPs interact with more global dynamics. These global dynamics do not only include the influence of international entities controlled by northern actors, but also the expansion of southern healthcare companies into the global North. Careful empirical investigation into the interplay of endogenous and global dynamics will allow for an exploration of the ways in which PPPs constitute a laboratory for experimenting with new forms of state-market relations across the global South and North, and the dynamics and consequences of this. From a different angle, state support for the rapid expansion of South African companies into other markets, such as Netcare and Medi-Clinic, constitutes a *de facto* form of industrial policy. Understanding why this form of industrial policy has succeeded in enabling the expansion of an infant industry, *vis-à-vis* the failure of industrial policy targeting original equipment manufacturing, is an important and hitherto unexplored empirical project.

Third, PPPs are typically conceptualised as an attempt to bring the logic of the market into public goods provision, and their merits or disadvantages are judged accordingly. However, as the discussion of the NHI demonstrates, there is nothing intrinsically market-orientated about PPPs. PPPs can also act as an attempt to decommodify healthcare by bringing the private sector back into the ambit of the public, and thereby discipline it and eventually dissolve it. Indeed, it is precisely the recognition of the existential threat that the NHI poses to the private health sector that appears to have galvanised extensive efforts by the private health sector to

subvert and weaken the NHI. It is within this context that it is important to understand the ways in which the NHI has structured tensions between the state and the private sector, the mechanisms available for disciplining the private sector, and the constraints on the state's attempt to do so.

**Table 3: Knowledge gaps in health PPPs**

	What do we know?	What do we need to know?
<b>Types of PPPs</b>	<p>Can be divided into PPPs that operate at the global scale, through global health initiatives for vaccine and drug development, and PPPs that operate within countries.</p> <p>In-country PPP sub-types:</p> <ul style="list-style-type: none"> <li>- PPPs with for-profits: co-location is dominant model in the literature</li> <li>- PPPs with NGOs and NPPs: state driven or globally driven (through Global Health Initiatives)</li> <li>- National Health Insurance: an attempt to bring private sector actors back into the public (decommodifying private health), rather than making the public sector more private (marketization)</li> </ul>	<p>How does the NHI act as a PPP that seeks to (re)introduce the public into the private, rather than bringing the private into the public?</p> <ul style="list-style-type: none"> <li>- How does this structure tensions between state and private actors?</li> <li>- What are the mechanisms for disciplining the private sector and the constraints on the state's attempts to do so?</li> <li>- In what ways do the interests of the private sector and civil servants at different levels of the state coincide or conflict, and with what consequences?</li> <li>- How does decentralisation shape the limits and possibilities of the NHI?</li> <li>- How does the NHI shape broader social understandings of healthcare as a public good?</li> </ul>
<b>Scale of PPPs</b>	<p>One mapping activity of the role of private actors in public provision in South Africa finds that in 1999, 10% of public hospital budgets was spent on the private sector (Dambisya, Modipa, and others 2009). This is now out of date, and is likely to be a lower-bound estimate given the secrecy and complexity of PPPs in South Africa.</p>	<p>What is the scale of health PPPs in South Africa?</p> <ul style="list-style-type: none"> <li>- Which for-profit and non-profit entities are involved in health PPPs?</li> <li>- What was the original tender value of each project, and what is its final value?</li> <li>- What are the implications of this for the national budget and national debt?</li> </ul>
<b>Actors in PPPs</b>	<p>Some evidence on northern institutional actors: international financial institutions, philanthropic organisations, development agencies. Little evidence on private companies' incentives and benefits.</p>	<p>What is the relationship between actors in the public and private sector?</p> <ul style="list-style-type: none"> <li>- What are the networks of public and private sector actors in health PPPs?</li> <li>- What conflicts of interest exist, and what does this imply for the dynamics of emerging dynasties?</li> </ul>
<b>Drivers of PPPs</b>	<p>Northern scholarship focuses on neoliberal globalisation and intellectual property rights. Southern scholarship:</p> <ul style="list-style-type: none"> <li>- Structural adjustment: lays material and ideational foundations</li> </ul>	<p>What are the endogenous drivers of PPPs?</p> <ul style="list-style-type: none"> <li>- Competitive dynamics: to what extent do state subsidies to the private sector decrease the quality of public healthcare, and thereby generate endogenous demand for privatisation</li> </ul>

	<p>of PPPs</p> <ul style="list-style-type: none"> <li>- Inequalities of settler colonialism: white economic elites and black political elites are institutionally positioned such that they are invested in maintaining the institutional arrangements bequeathed by colonialism</li> <li>- Southern FDI: state subsidies to private healthcare companies in the South (such as Netcare) allows them to expand into other regions of the South as well as the North; in doing so, they begin to push for PPPs as a way of expanding their market</li> </ul>	<p>from patients?</p> <ul style="list-style-type: none"> <li>- How does political elites' use of private health services shape health policy and public aspirations?</li> <li>- How does the dominance of international and white capital push black political elites into supplying private services to the public health sector?</li> <li>- How do the intersecting inequalities of race, gender, class and space create endogenous demand for increased involvement of the private sector in public goods provision?</li> <li>- How have state subsidies to private South African hospitals enabled them to expand vigorously into other markets, while state support for other infant industries has failed? What light does this cast on the constraints and possibilities of industrial policy in South Africa?</li> </ul>
<b>Regulation of PPPs</b>	<ul style="list-style-type: none"> <li>- Regulation of private healthcare in Southern and East Africa: tends to focus on controlling the entry of private providers and health insurers into the market; there is little regulation to monitor and control the type, volume, distribution, quality and price of health care services</li> <li>- Regulation of health PPPs in South Africa: no publicly available information on tenders submitted, tenders awarded, the ensuing contracts or outcomes. While the National Treasury sets the regulatory framework for PPPs, this framework makes no provision for keeping PPP information confidential or public. In effect, the policy on access to information on PPPs is to have no policy, which in turn makes it difficult to hold state actors accountable for access to information.</li> <li>- Regulation of donor driven PPPs: little if no regulation</li> </ul>	<p>What are the political economy dynamics of PPP regulation?</p> <ul style="list-style-type: none"> <li>- How have policies and regulatory frameworks governing PPPs emerged?</li> <li>- What is the relationship between promises made in tenders, what is stipulated in contracts, and what is delivered on the ground?</li> <li>- Under what conditions are companies more/less likely to violate tender and contractual agreements?</li> <li>- What mechanisms are there for improving international donors' accountability to national states or ensuring that donor programmes do not have a destabilising effect on public health systems?</li> </ul>
<b>Outcomes</b>	<p>Reconfiguration of state-market relations</p> <ul style="list-style-type: none"> <li>- Very little is known</li> </ul> <p>Outcomes: inequality</p> <ul style="list-style-type: none"> <li>- Very little is known</li> </ul>	<p>How are state-market relations reconfigured from the perspective of the South?</p> <ul style="list-style-type: none"> <li>- How do states operate as market makers?</li> <li>- What are the dynamics and consequences of the financialisation of PPPs?</li> <li>- How do private healthcare providers in the global South</li> </ul>

		<p>shape public health in both the South and the North?</p> <ul style="list-style-type: none"> <li>- How do post-colonies act as the laboratory of new forms of state-market relations across the global South and North?</li> <li>- How do different members of society conceptualise the character of healthcare in former settler colonies, both in terms of its ability to function as a public good and its capacity to function as a public sphere?</li> </ul> <p>How do PPPs shape notions of social citizenship?</p> <ul style="list-style-type: none"> <li>- To what extent do certain types of PPPs, such as the co-location model, reproduce race and class-based segregation?</li> <li>- What are the dynamics and consequences of this?</li> </ul>
<b>Conflict of interest</b>	Northern academic advocates of PPPs are typically funded by international financial institutions, northern-based philanthrocapitalists and aid organisations	How do private companies in the global South play a role in shaping academic discourses and agendas on the topic?

## **4. Literature review of education PPPs in the Global South focusing on South Africa**

The conceptual discussion in Section One noted that PPPs have emerged as a widely-touted policy arrangement as a result of global and local trends towards hybridising the make-up of public service provision (Robertson et al, 2012; Verger, 2012; Caerus Capital, 2017). They have also been encouraged in the formulation of key global agendas such as Education For All and the Sustainable (formerly Millennium) Development Goals, which give an important role for the private sector (including corporations) in the expansion of access and the meeting of particular targets. In this context, education provision is tied to its creation of social and economic actors, and access to education as critical for performance in the labour market (Gershberg & Winkler, 2006; Ball & Youdell, 2008).

### **4.1. Situating the debates**

Globalisation plays an important role in contributing to the spread of PPPs, creating what Verger (2012) terms ‘cognitive locks’ in the types of solutions, mechanisms and arrangements proposed for resolving challenges in schooling equity and access. The discussion has previously noted the intersection between a global politics of cooperation in the post-Cold War era and greater emphasis on economic austerity and accountability on the part of governments. Indeed, framing the choices made around private intervention are the global agendas described above, as well as key international organisations and sources of donor funding, which together shape the discourse of privatisation as a useful, urgent and necessary response to the crises of state inefficiency, corruption, and a lack of accountability (Schwab, 2008; Ball & Youdell, 2008; Caerus Capital, 2017). They also, besides setting discourses and cognitive frames, create spaces which legitimate who receives funding and on what conditions, creating an entanglement between endogenous and exogenous drivers of privatisation. Reform agendas travel across contexts through the influence of powerful multilateral organisations, such as the World Bank and International Monetary Fund; through coercive mechanisms attached to funding; and through the



promotion of 'best practice' by financial and consulting bodies, think-tanks and NGOs (Ball & Youdell, 2008). Robertson et al (2012) note at least five international drivers of policy convergence around privatisation, namely:

1. **Similar problems** faced by countries which result in 'similar, but independent' solutions and responses;
2. **Imposition** of particular policies and mechanisms by powerful actors (states, institutions or organisations) through coercive mechanisms often related to debt, trade, or aid;
3. **Compliance** that forces convergence as a result of being signatory to particular multilateral agreements
4. **Regulatory competition**, i.e. shifts in policy in order for countries to remain competitive in increasingly integrated regional and global markets; and
5. **Soft mechanisms** such as joint problem-solving, often in more informal transnational policy networks (Robertson et al, 2012:17).

These promoted reforms then meet with local and regional conditions such as social, political and economic inequality, or poor public service provision either nationally or to particular geographic or social segments of society. These conditions can intersect with (and legitimate) the broader policy and intellectual motivations behind PPPs, where the state is: positioned as failing to be responsive to the needs of learners (and parents); characterised by resource wastage and inefficiency; and constrained by bureaucratic requirements including the unionisation of teachers (Ball & Youdell, 2008). Private sector intervention here is read as responding to the challenges of state failure by transforming public institutions and the public sector at large according to the logics of the market. Demand for and supply of private intervention can thus be both **endogenous** (driven by local, including community interests) and **exogenous** (including external and global influences and actors) (Verger et al, 2016).

A good example is the way that discourses of state failure in Africa relate to an absence of good governance and accountability in the public sector (Mundy, 2008). Here, civil society, particularly NGOs, play a crucial role in redirecting and controlling donor funding towards social investment projects, further transposing the ideological and economic rationalities of their (often Northern) funders into local contexts while also occupying major institutional spaces within (and sometimes in opposition to) the

state (Mundy, 2008). At the same time, local communities may seek out private alternatives to low-quality or absent public provision. Inasmuch as global policy-setting did not substantively engage the complexities of civil and citizen participation as part of the privatisation agenda, the local-level consideration was foundational to the promotion of decentralised governance – a policy provision that is critical to the promotion of privatisation as well as the semi-privatisation of public goods. Paoletto (2000) argues that decentralisation is an important consideration in the case of education and PPPs because of how resources can be used in contextually relevant ways, tailored to suit individual school or district needs. He posits that government administration is too cumbersome to manage the needs of schools with the immediacy that more autonomous schools may be able to respond with (Paoletto, 2000). Positive cooperation in education PPPs is a result of interests coalescing around the success of the teaching and learning project: for learners and their families, greater attainment and opportunity; for private firms, improved competitiveness and profit-making; for the state, the expansion of education as a social good and a facilitator of economic productivity.

The spread of PPPs in education is part of a growing global governance agenda in which there is a strong move to deregulate, devolve, and ultimately privatise all or some aspects of education provision. Motala and Pampallis (2005) identify four forms that decentralisation can take with reference to schooling.

<b>Deconcentration</b>	shifts responsibility (not authority) from the central government to lower governance levels which positions the central government in an oversight and regulatory role (Prew et al, 2011)
<b>Delegation</b>	shifts some decision-making to local authorities while retaining power at the centre and identifying particular procedures under which local authorities may exercise choice
<b>Devolution</b>	Local authorities (such as PEDs or even schools) are given authority and (at

	least some degree of) financial flexibility to make decisions (Prew et al, 2011). This is usually enacted through legislative mechanisms
<b>Privatisation</b>	in this schema is the last frontier of decentralisation as ‘owners of institutions’ are given decision-making power, occurring in three ways: where schools are publically subsidised and do not charge fees as a condition of this; where schools receive public subsidies but are able to top these up with fee-paying, and enjoy more autonomy; and finally where schools are privately funded and thus have full control over their management (Prew et al, 2011)

Decentralisation can moreover be characterised by two shifts: one, the shift in decision-making responsibilities from national government to local authorities such as provinces or districts, and two, from these authorities down to the level of the school to make individual choices about service delivery and provision.

Lacking in the discussion of decentralisation is teachers and how teacher careers are affected by decentralisation and privatisation. The passing of hiring teachers from government to private providers sees the deregulation of labour and de-unionisation of the teaching force (Oketch & Rolleston, 2007; Verger, 2012). Unions are viewed as a key factor in the high cost of teacher labour and securing their buy-in in these initiatives, as challenging as this would be in practice, is a significant influence on the success of partnerships and privatisation. Job security and performance-related pay are two factors that make this shift undesirable for teachers in traditional public education systems. Official partnerships are by their nature linked to some form of development strategy, but in the case of education these need to be as relevant to each ‘community, school district, and school’ (Paoletto, 2000: 44) as possible in order to make a significant impact. This includes taking into account how the teaching force is affected by changes in curriculum, governance and personnel

policy and practices, recognising the central role of teachers to the functioning of the system as a whole.

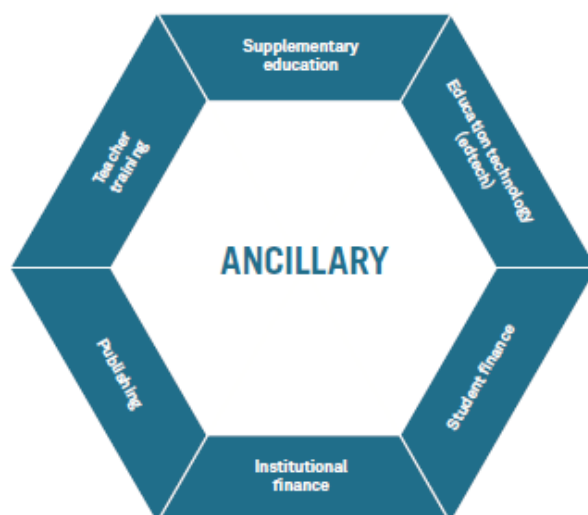
Moreover, as Uwakwe et al (2008) argue, the shifting of the administrative burden through decentralised processes is likely to be affected by existing capacity on the ground and the reproductive effects for equity this has on low-income communities. Particularly in cases where private involvement extends to management processes, in the case of education weaker schools and communities may be subjected to increased monitoring, evaluation and intervention while better-performing schools enjoy more autonomy and flexibility (Prew et al, 2011). In other instances, where low-cost private education is an option, weaker public schools may lose learners to these schools based on the perception of improved learning through smaller class size and greater connections with staff (Uwakwe et al, 2008; Heyneman & Stern, 2013). At multiple levels the governance of public schools is impacted by the intervention of the private sector based on the expectation of improved efficiency and managerial capacity and the decreasing ability of the state to respond to educational needs. It must be stated that decentralisation creates a ripe field for private interests where schools may benefit from individualised interventions, but that this cannot be read in isolation from the broader effects of this arrangement on equity and quality concerns.

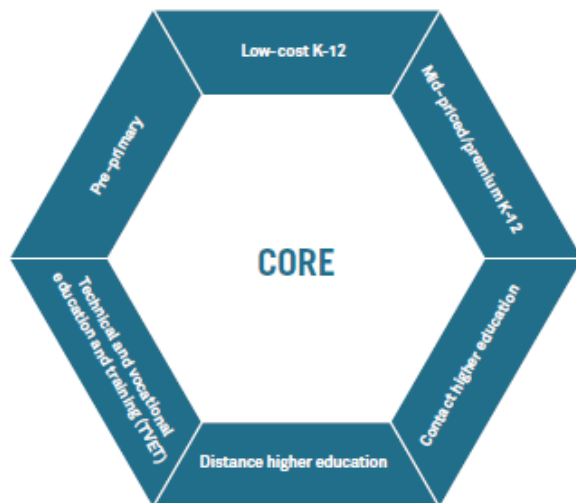
#### **4.2. PPPs: shifting private sector involvement from the ancillary and parallel to the core of a public education system**

Private sector involvement in education varies in form and type, from constituting the semi- or full privatisation of state goods and services, or being contracted in to perform particular tasks in the provision of inputs (such as textbooks and teacher education), processes (operational services) or outputs (contracting schools to take on particular learners) (Patrinos et al, 2009). Patrinos et al (2009) in their report for the World Bank conceptualise a model of privatisation in education from 'nascent' or low privatisation to 'integrated' or high privatisation, where funding follows learners through interventions such as vouchers. On one end of the spectrum, government

both sets policy, provides resources and administers education – whether through the centralised government or at different devolved levels (such as provinces/states, prefectures, districts and circuits), including hiring teachers (Patrinos et al, 2009). On the opposite end, government is expected to set and enforce a policy terrain amenable to the expansion of private provision in education, with the view to maximising education delivery and performance while lowering costs (Patrinos et al, 2009). There is an ideologically driven model which assumes that the best forms of education provision are those in which private provides are integrated into the public education systems (they terms this integral).

Interestingly the ideological shift that the WB signals is particularly what private sector groups are arguing for. In our reviews of Caerus Capital, a company specialising in Africa and South Asia, they note that there is and should be a move from an ‘ancillary’ to ‘core’ role for the private sector. As can be seen, ancillary services discussed in this and other reviews have been part of private sector involvement in education provision for many years, including through discrete activities such as publishing. On the ‘core’ end of the market is the full provision of educational services across income brackets and learning stages.





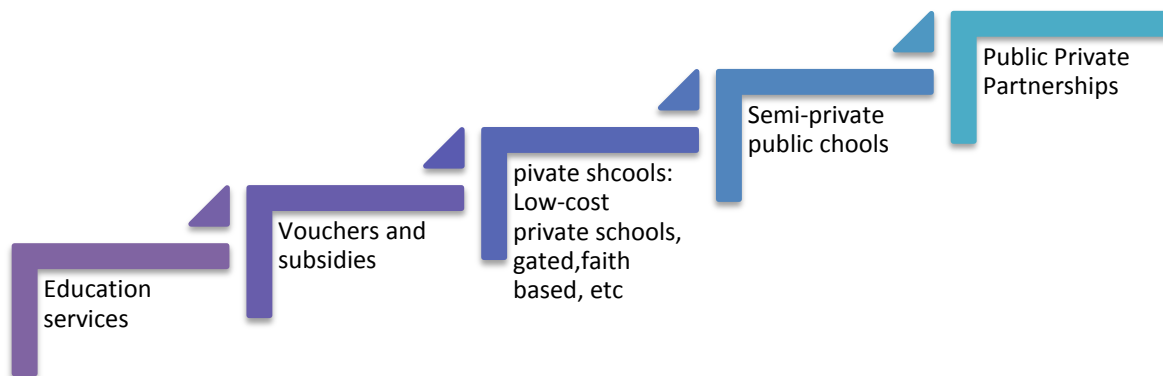
#### 4.3. Public private partnerships in education: Definitions and typologies

Where PPPs have been used to develop education projects, manage schools or place poorer learners in private schools, a key point of concern in the nature of these partnerships has been ensuring resource maximisation. Bloom, Craig and Mitchell argue that education as a service is ‘fixed, standardised, and cumulative’ (2000: 18) with a mass element that gives institutions and individuals some measure of commonality in their needs and costs to the state. This indeed is one reason why education PPPs differ from health, in that there is some measure of predictability resulting in a greater potential for economies of scale. As discussed above, where individuals’ needs are not accommodated within the mainstream system, their education may be contracted to private providers in order to maximise their possibility of progression through the system with specialised education. Conversely, without targeted intervention by government, semi- or full privatisation can lead to the exclusion of marginalised learners who are either left in a hollowed-out public education system, left to low-quality private schools, or are denied access to education entirely (Lewin, 2007; Verger, 2012).

As noted in the discussion above, there is rarely such a thing as a fully public education system in the global South, particularly where smaller forms of

privatisation have existed to supply education to particular sectors of society. These include mission schools (the precursor to many modern faith-based education providers) and community schools, established either by political organisations such as the Mau Mau in Kenya or through local organising initiatives. Furthermore, a fully public system is one where the state regulates, finances and provides for the total cost of education for all learners (Patrinos et al, 2009). This means that even in states with full public enrolment, private intervention in financing (such as through donor aid) constitutes a form of private intervention.

Noting this we develop below a typology of types of private sector engagement in education which emerges from but is also a guide to our literature review. This analytical framework developed to assess particular forms of private sector intervention sees provision along a continuum different in different contexts. In the framework below we argue that the 'PPP turn' as we call it, speaks to a critical shift in the way public and private are conceptualised, where the institutionalisation and regularisation of partnerships blurs the boundaries between the public and private where this was previously upheld (Ball & Youdell, 2008). In the one end of the continuum of this framework is where the private sector engages in service provision such as textbooks or cleaning, and at the other end is where the private sector takes control over public schools through a process whereby the state contracts out the management of school to the private sector through a management contract, a process we call public provision contractualisms.



This model above follows that emerging private sector intervention in public education begins with the contracting out of particular (but ‘ancillary’) education services, such as curriculum materials, support services, and ICT resources. Publishing also features under education services. Vouchers and subsidies become another means through which private schools feature in public education, particularly where vouchers enable learners to choose between public and private schools. It is important to note that in the above model private schools are a broad category covering both for profit and not for profit providers, framed by:

1. **Different forms of ownership:** community owned, individually owned
2. **Different orientations:** secular, religious, particular value system or pedagogic approach
3. **Different forms of financing:** grant aided, financially independent, sponsored by enterprises or political organisations, government subsidy, community. It is also critical to consider hidden and indirect forms of financing such as taxes and remittances.
4. **Different forms of regulation:** registered, unregistered, tightly regulated, loosely regulated

In the model above the semi-privatisation of public schools, which creates internal privatisation through particular policy and governance provisions that allow public schools to charge user fees. The integration of all these elements comes into play



with public private partnerships, which contract the private sector into public schools to perform core functions under state oversight. It is in this order that the following discussion proceeds. The methodology of this review is first presented before a brief historicisation of private education in South Africa, before beginning the discussion of private sector intervention in education.

## 4.4. Methodology

This literature review is based on several database searches conducted monthly between February 2017 and February 2018. It draws together the findings of database and repository searches with results from studies by global and special interest bodies on private intervention in public education. The following methodology discusses criteria for resources included in the review as well as the process of collecting resources and limitations to the study.

### 4.4.1. Criteria for Inclusion

Due to the number of resources found for this review, comprehensive criteria for inclusion were required to ensure that literature was relevant to the topic and the context (South Africa, with a broader focus on the African continent). The shifting nature of private intervention in education over time meant that inclusion criteria also needed to account for long-term changes in public policy and the promulgation of global policy agendas. Criteria were adapted from Day et al (2014).

CRITERIA	FIRST SIFT	SECOND SIFT
<b>Publication date</b>	Material published from 1994 onwards (period of SA independence as well as growth of PPPs in global policy)	Material published from 2007 onwards (last decade)
<b>Relevance</b>	Focus on privatisation and PPPs in education	Focus on privatisation and PPPs in education in Africa, and specifically South Africa
<b>Location</b>	(Mainly) global South; some	Africa-focused

	literature from low-income interventions in global North
<b>Quality</b>	Readable, published by reputable source First sift criteria coupled with high-level analysis of data and/or development of theoretical debates

The review focused on literature published between 1994 and 2017, the length of time since South Africa's independence but also, importantly, the period during which PPPs saw a rise in significance in global policy agendas and later as developmental tools in the global South following the effects of structural adjustment (Languille, 2017). Useful texts with extensive bibliographies, such as Languille's (2017) review of literature on privatisation in education and health in the global South and Day et al's (2014) review in education, allowed for 'snowballing' other sources and analytical debates, ensuring both breadth and depth in our own process of literature collection.

The first and second sifts also offered an opportunity to sort literature according to the existence of empirical data sets. While some first sift resources were discarded from the review, others were found to provide theoretical and conceptual insights that could inform the discussion of second sift resources, as many were empirically-based studies and comprise 60% of the literature reviewed here. Second sift resources also focused on the African context, as initial results for searches on private intervention in education focused on Latin America and Asia.

#### 4.4.2. Directory searches

Directories such as Google Scholar, JSTOR, and EBSCOHost were used to find relevant literature, further drawing from reference lists provided in articles. Key phrases used for directory searches include:

Private education/schooling in Africa	School choice Africa	Variations of each search phrase referred either to 'in Africa' or specific
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Policy education PPP/ private	Education funding private	countries such as Uganda, Kenya and South Africa. 'Education' was also substituted for 'school' or 'schooling'
Education PPP Africa	Education management private	
Privatisation in education	Education governance private	
Parents education Africa	Gender private education Africa	

Initial literature sourced from these searches amounted to over 180 resources. These were organised by date and then subjected to initial review, with at least 50 removed for irrelevance or poor quality. A total of 130 sources including journal articles, theses, and institutional reports were then reviewed, and at least 80% (=104) of these reviewed thoroughly between February and September. The majority of the final sift sources are referenced in this review, and at least 10 more have informed the discussion if not referenced directly. Following from the first and second sift process above, to ensure temporal relevance 60% (=78) of the resources referenced in this review were published in the last decade.

Journal titles consulted include:

**British Journal of Sociology of Education**

**Education Management, Administration & Leadership**

**Education Policy Analysis Archives**

**Educational Evaluation & Policy Analysis**

**International Journal of Educational Development**

**International Review of Education**

**Journal of Education Policy**

**Journal of International & Comparative Social Policy**

**Journal of Public Economics**

**Social Philosophy & Policy**

**World Development**

Many reports on private education came from political, educational or intellectual bodies such as the World Bank, CfBT Education Trust, and the Institute for Futures Studies. These reports provided data on private interventions and privatisation coupled with methodologies and in most cases access to research instruments. Retroactively, the use of these mechanisms to determine rigor was coupled with an amended template of the kind developed by Day et al (2014) in their study of private schools in developing countries.

#### **4.4.3. Analysis of literature**

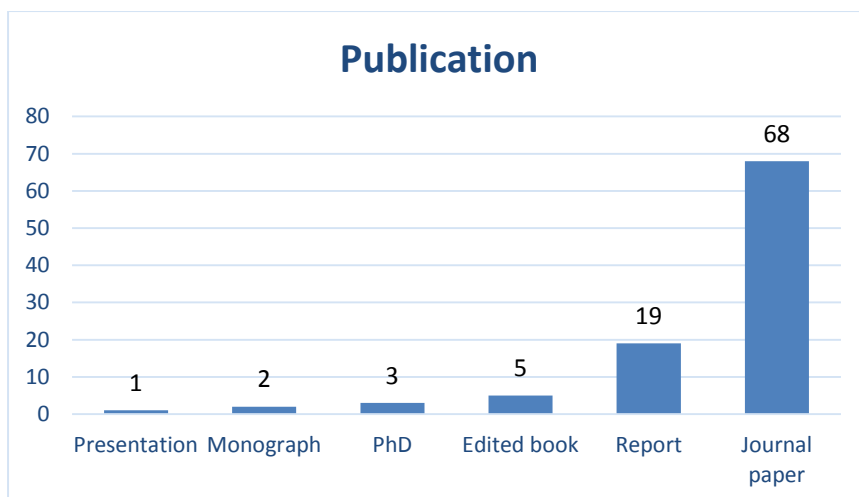
A useful resource in understanding the content of this review is an in-depth analysis of the literature used herein. This analysis proceeded by interrogating:

- The nature of the publication [e.g. journal paper (including working papers); report (including other literature reviews); and books]
- The size of the data sample, whether questionnaires, interviews or other forms of data collection. Sample size was determined by number of participants
- The mode of data collection, whether quantitative, qualitative or mixed. This section also includes a variable 'nodata' for publications which do not rely on a primary data source, but either use bits of data for descriptive purposes or engage in theoretical, policy or analytical discussions.
- The source of publication, whether from the global South or North. This section does not focus on the origin of authors but rather where work is produced from, arguing (as in the Conclusion section) that there is a Northern bias in the kinds of work and debates dominating current discourse on privatisation.

All numerical references in this section are based on percentages calculated from the second sift material.

#### **4.4.4. Nature of publications**

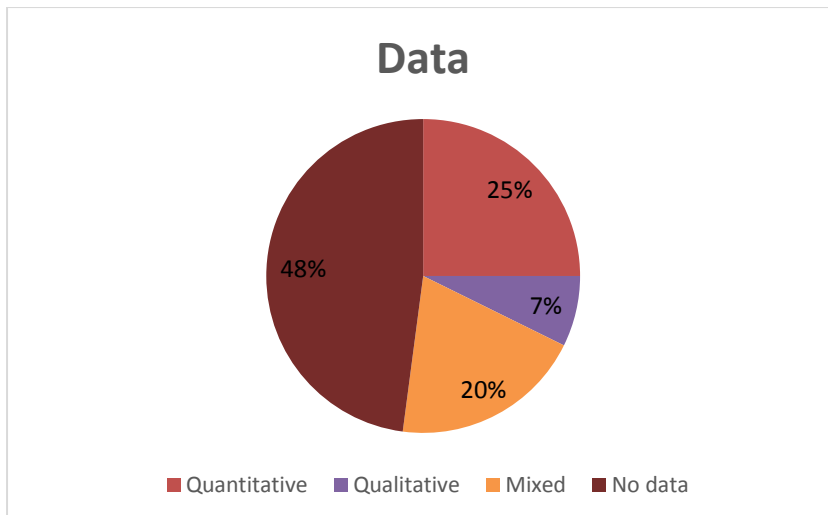
The graph below indicates the proportion of publications referenced by type.



A few analytical notes can be made about the content of the publications addressed here. Firstly, there were several edited books used for this review. Some were based on empirical research conducted in the global South by Northern scholars and/or organisations, while others were largely analytical and theoretical in nature, contributing crucial insights to the kinds of interventions described below. Many of the chapters contained in the latter type had also been published in some form as journal submissions which had also been collected for the review, and so the decision was made to exclude the journal versions to avoid duplication in the numerical composition of the literature analysis. Furthermore, we assessed the content of other literature reviews used in this review, and while an in-depth analysis cannot be provided here, it must be noted that in the main these reviews largely relied on scholarship from the global North as well as work produced by Northern think-tanks.

### **Mode of data collection**

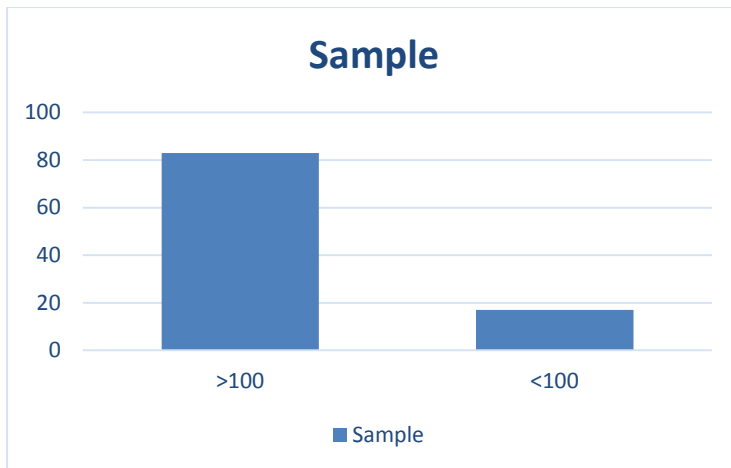
The graph below describes the form of data collection used in the literature. It is crucial to note that 48% of the literature used in this review was not based on data analysis.



Despite the large number of reports and journal papers presented in this literature review many did not rely on data-driven work. This can be attributed to a portion of the literature that focused on analytical discussion on the mechanics of privatisation and different private interventions. It can also be attributed to the fact that data were largely used for descriptive purposes in many discussions, which we suggest is a critical limitation of current work on the topic of privatisation in that it does not take seriously the foundations of the kinds of data used to make empirical claims. This is especially true of work using household surveys to extrapolate information about trends in privatisation in education. As the section on sampling shows, the majority of data-driven publications used samples of >100 participants. This is largely attributable to the use of national and specialist household survey data and secondary data sources including UNESCO and World Bank data-sets. In fact, a large proportion of the data-driven studies in this literature review did not collect their own data, but relied on secondary data to form their analysis. A small number analysed the analysis of data sets by other researchers but did not engage these data sets directly. Furthermore, there were several reports by financial organisations identifying the profitability and business opportunities in education which lacked concrete data to substantiate their propositions.

### **Sample size**

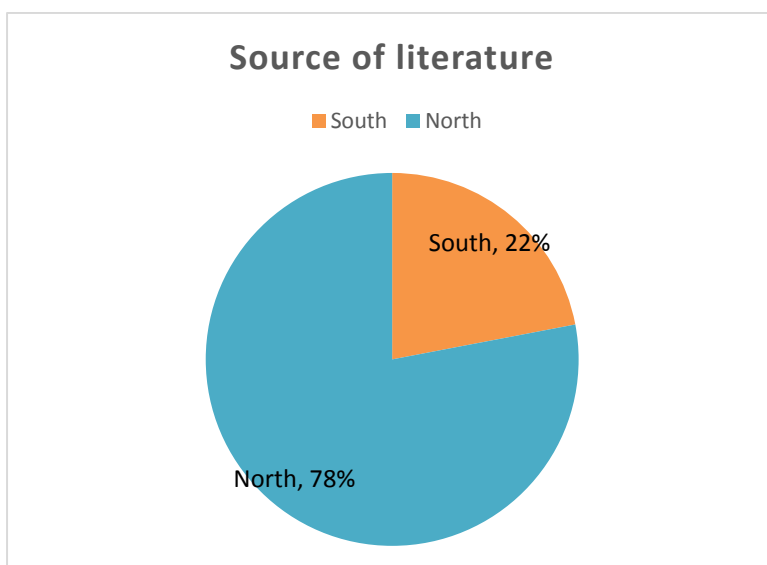
The table below describes the percentage of data-driven studies (52% of the literature) that used samples of greater or less than 100 participants.



As identified above, the larger sample sizes of the studies in this review derive in part from the use of secondary data, but there were also a few reports and journal publications that produced their own large-scale data sets. Some also merged household surveys and census data with qualitative research to probe the key points emerging from the larger data set. There were a number of publications that used data descriptively, but as these were not primarily rooted in a data-driven discussion they were excluded from the analysis of samples.

### Source of literature

The graph below describes the proportion of literature according to source, i.e. from Southern or Northern sources.



The literature source was based on the site of publication and not the demographics of authors as these cannot always be verified to an acceptable degree. Moreover, there are many scholars from the global South working and writing in the global North and contributing to current debates on privatisation, but it is important to identify the audiences and spaces in which their work is disseminated. Many of the empirical work conducted in the global South was conducted by scholars originating from the North as well as located in Northern universities and think-tanks, while Southern scholars were either in collaboration with Northern scholars in their home countries – acting as ‘local informants’ on the context – or writing collaboratively with local peers and publishing in Southern publications. This is not a hard distinction, however, and caution must be taken in making these claims categorically. However it is important to flag the evident bias towards the global North in where this literature derives from as it mirrors the argument in the literature review about policy- and knowledge-borrowing from the North.

#### **4.4.5. Limitations**

The continental focus of this literature review meant that it was necessarily limited by the scope of countries that could be included in the discussion, even as similarities exist with other countries in the global South. While private interventions in education exist in different forms in Africa, critical literature on this phenomenon is still emerging and empirical findings illustrate a lack of agreement on the outcomes and efficacy of these interventions in implementation. Lack of information on the policy development and statutory agreements between government and private bodies impedes our ability to fully understand the networks, influences and mechanisms of private sector intervention.

This literature review particularly flags gaps in currently available literature because the many systemic reviews by stakeholders such as the World Bank and counter-positioning by researchers both focus on technical and not conceptual developments or problems in privatisation. However there are also important contributions by scholars included here that highlight where these gaps converge over a range of issues. A broader challenge of representation regards the Northern bias of literature on privatisation and indicates a need for endogenous scholarship on the conceptual, material and political implications of this phenomenon in the global South.



Finally at first glance, the particular educational context of South Africa does not follow the cases of countries such as Kenya and Uganda where low-cost private schooling is widespread, while at a macro-level there are similarities in the policy trajectories of many post-colonial African states. While the discussion focuses on the continental context it thus also hones in on the particularities of education provision and private intervention in the South African case.

#### **4.5. Historicising privatisation in education in Africa and South Africa**

The discussion has thus far sought to show that within the contemporary global context – which includes economic policy and global agendas such as the SDGs – it is assumed that education must inculcate learners into the future demands of the labour market while also instilling a national identity, especially in contexts of historical conflict or strife (Bloom, Craig & Mitchell, 2000). The political, economic and nationalist development of the post-colonial state arguably relies on a unified and unifying education system that inculcates the vision, values and goals of the new society, increasingly with respect to its position in a globalising world (Oketch & Rolleston, 2007). Increasingly, schooling needs to be both contextually relevant and globally up-to-date in order to offer learners the best chances in their future endeavours.

As noted, private intervention in the public education system is not new, and takes different form in different states. Missionary or religious organisations provided early forms of private schooling in colonial states, and the initial massification of education systems in Africa either took place prior to or as a priority of independence in countries. Economic and political shifts have affected how these massification strategies have unfolded over time, and have come to intersect with global developments in policymaking, lending and agenda-setting. The first major intervention in respect of this review is, as mentioned previously, the structural adjustment programmes that characterised economic interventions in the global

South in the 1980s and 1990s by the World Bank and International Monetary Fund (Ball & Youdell, 2008; Moutsios, 2009). These programmes advocated for greater liberalisation of developing economies with the promise of wealth ‘trickling down’ through the creation of a new middle class. What resulted was the creation of classes of comprador elites largely overseeing the transferral of state assets to private, and often foreign investors, amidst a breakdown in public service provision as welfare allocations were reduced (Moutsios, 2009). This substantively affected the nature and quality of education in affected countries, as countries under SAPs were encouraged to reduce education spending while prioritising technical and vocational training at the expense of the kinds of education interventions that were building the ‘knowledge economies’ of the global North at the same time (Ball & Youdell, 2008; Moutsios, 2009).

‘Structural adjustment’ continues to hold negative connotations as a result of its failure to improve conditions for states party to the process, but in terms of expanding opportunities for private investors (especially from the global North) it can be considered quite successful (Hill, 2006; Verger, 2012). However, focusing solely on these large-scale interventions can miss some more subtle shifts that create foundations for future motion into the public sector. One example is the definition of education as a ‘service’ by the World Trade Organisation (WTO) in 1998, which effectively opened up the market in education under the General Agreement on Trade and Services (GATS) (Moutsios, 2009). This dovetails and runs concurrent to the development of global policy agendas such as the Millennium Development Goals and later, Sustainable Development Goals, which feature key indicators in education as measures of developmental progress.

Prominent in the realisation of these indicators is recognition of wider network of actors which includes, and indeed emphasises, the private sector and corporate intervention (Ball & Youdell, 2008; Verger, 2017). This has generated and perpetuated the global policy context that frames decision-making particularly for states affected by SAPs and dependent on international aid, donor funding and corporate participation in the management of education provision.

The expansion of access has been critical to the spread of education in the global South, but quality remains central to building a competitive workforce and generating social cohesion (McKenzie, 1993; Bloom, Craig & Mitchell, 2000; Lewin, 2007). Private providers may be suited to this role because the quality of their deliverables directly impacts their ability to attract wealthy and academically strong learner-consumers, creating space for innovation and efficiency that can affect the quality of public provision (Bloom, Craig & Mitchell, 2000; Verger, 2012). However, their efficiency and cost reduction may adversely affect existing inequities, at least in the short term and particularly when there is insufficient support for those remaining in the public sector. In education, this means that there is a cap on the amount of resources that can be directed towards poorer sectors of the system.

In the South African case public schools receive a minimum subsidy per learner, with increased remittances on the basis of need, school location and immediate community income status. There is a racial element to this as the poorest schools are historically black, and the majority of wealthy schools historically white (with a small number of historically coloured and Indian schools included here), resulting from a historically bifurcated education system still affected by a lack of systemic redistribution in society (Sayed et al, 2017). The current allocation model is a redistributive mechanism intended to ensure that historically disadvantaged schools receive greater support to improve performance (particularly where parents cannot afford to pay school fees). The result is that it is the majority of historically black schools that are no-fee schools.

On the other end of the public school system, wealthier schools that charge fees are able to extract revenue above state allocations that enhance their facilities and teaching capacity, with wealthier parents moving their children to these schools (and into private schools) on perception of better quality (Sayed et al, 2016). This leads to capital flight from poorer public schools as parents move their children 'up' levels through the racialised public system. Private intervention is viewed as a logical solution in light of this decreasing resource base (and expanding pool of vulnerable schools) due to its emphasis on efficiency, with the result that PPPs and similar policy mechanisms are an attempt to cover the ground between rich and poor schools by drawing private expertise into different elements of the running of poorer

schools. This solution, however, does not adequately respond to the foundational problems of the system: the racially differentiated resourcing of schools that continues to affect outcomes and attainment, and the opening up of the public education system to greater parental choice that continues to reflect and crystallise inequalities between schools and social groups. The small subsidy provided by the state to private schools within a particular income bracket is also intended as an equity measure, but as the discussion will show the measure of poverty used to determine which schools receive the subsidy is itself questionable.

The consequence of this for the education system as a whole has been the concern of researchers (see Verger, 2012; Languille, 2017) who argue that the insertion of the private has long-term effects on the public good. South Africa is one example of the complexity in relations between public and private, and indeed other states face similar challenges even in different forms – such as in contexts where parents opt for low-cost private schooling as an alternative to an oversubscribed public system (Heyneman & Stern, 2013). We cannot ignore that parental choice plays an important role in the promotion and perpetuation of the private sector in education provision, and parents themselves are private actors in the public system (Ball & Youdell, 2008). Further, Brock-Utne (1995) suggests that specific cultural and economic conditionalities become central to the functioning of private providers which affects both the form and the content of education in vastly different contexts. Developing citizenship attitudes and responsibilities through public education is impeded by the intervention of different providers and institutional types with their own local, regional, and/or global interests, and how these are brought to bear on partnership arrangements and inputs (Brock-Utne, 1995). Where parental choice becomes influential in the choices schools make in developing and/or perpetuating particular socio-cultural conditionalities, or where private providers spring up as a response to the educational needs of exclusive segments of society, questions about citizenship, social justice and education become especially important. In the South African context, race and school quality have been invariably conflated, further exacerbating existing inequalities in the post-apartheid system.

The previous sections have described PPPs as complex relationships between public good and profit-making; innovation and tradition; efficiency and bureaucracy,

and a series of other apparent binaries. However, what the discussion has attempted to show are the nuanced ways in which state and private entities negotiate their interests in cooperation and collaboration, sharing knowledge and expertise in order to maximise returns on public projects and services. Critically, consumer politics has infiltrated responses to state service provision such that efficiency, accountability and high performance are expected from public goods and services in similar ways to the way consumers build brand loyalties, expect warranties on particular goods, and hold private firms to particular standards of services (Paoletto, 2000). Partnerships consolidate these expectations because the different constituencies represented by collaborators must be taken into account in order for the intervention to remain feasible and operational. Examples of the types of institutional forms incorporating private interests in education are discussed further below.

## **4.6. Types of PPP**

In this section we review the literature about types and forms of PPPs deriving from the framework outlined earlier.

### **4.6.1. Education services**

Private investment in public education has commonly occurred through large private, corporate and/or multinational donors funding targeted interventions such as textbooks or extra-school academic programmes (Besharati, 2015). Besharati (2015) suggests that private donors have contributed significantly to education in South Africa and enabled the DBE to direct additional resources and support to schools that need this. Ball and Youdell (2008) consider this to form part of a wider and older trend of contracting out services to the private sector which takes place in a number of countries in both the global North and South.

Partnerships with companies in particular sectors have often closely aligned with their business interests, such that for example mining, mineral and engineering companies fund maths and science interventions, telecommunications providers offer technological support and equipment, and media houses provide printed

learning resources as inserts (Besharati, 2015). In fact, 'between 2005 and 2012... education constituted between 35 to 43 percent of [Corporate Social Investment] in South Africa... [with] only 30% of corporate spending being channelled via government institutions' (Besharati, 2015). Bhanji (2012) argues that inasmuch as corporate initiatives may emphasise altruistic motives, they are primarily concerned with the expansion of commercial interests through acquisition of better-skilled labour or introducing products to new markets. In her research on Microsoft's Partners in Learning (PiL) programme, which offers software, training and support to schools in about 114 countries, she finds that technological entrepreneurs and multinationals are able to tap into these emerging markets because of the increasing demand for ICT skills as a function of the 'knowledge economy' (Bhanji, 2012). Indeed, in Nigeria competition has erupted over the 'One Laptop per Child' (OLPC) initiative where Intel and Microsoft have challenged the provision of 'subnotebooks' run on the open-source Linux operating system. The Intel/Microsoft alternative is more expensive, and though initially offered for free as part of the rival initiative, critics have questioned the long-term impact of establishing high-cost ICT provision within the system (Ball & Youdell, 2008).

Several policy mechanisms have been introduced that support business investment in education, such as tax incentives offered to companies that invest in critical social development areas and preferential procurement of state business, as well as the public listing of companies' corporate social responsibility performance in an index such as that of the Johannesburg Stock Exchange (Besharati, 2015). These interventions differ from the semi-privatisation of public schools because they do not impact on the governance, decision-making and/or long-term resourcing of a school in the same way. Rather, they offer specific support that should free up or ease demands on limited school budgets. A criticism of 'parallel provision' by private and public providers is that changes in funding allocation and resourcing can affect the long-term delivery of particular services to vulnerable schools, compounding existing inequalities (Besharati, 2015).

Another critique of service provision by private entities relates to the manner in which this fragments the delivery of a unified education system. For example, teacher professional development programmes offered by a range of NGOs bring in different

ideological, pedagogical and practical imperatives to what a national education system may require or promote (Ball & Youdell, 2008). Curriculum materials sourced from other countries can influence the social imperative of a country's education system, with an example being the provision of e-learning materials by South African providers to the Ethiopian education system. This results in what Dhalstrom (2006) calls 'cross-cultural cloning', where the values of an Anglocentric education system come into contact with, and disrupt, local values, modes of being and ways of learning.

#### 4.6.2. Vouchers and subsidies

Lockheed and Jimenez (1994) argue that there are three main objectives that private intervention in education can serve. Firstly, **private education can respond to shortages and gaps in public provisioning**, expanding access and responding to local needs. Secondly, because private providers must respond to immediate demands of the school community, they can arguably **provide a better fit and quality of education that makes them competitive** with the public sector (Lockheed & Jimenez, 1994), driving improvement on either end. Third, and related to this, is that private providers can try out new approaches and models in the running of schools that could **guide improvements in public schools** (with reduced liability to the public system if interventions fail) (Lockheed & Jimenez, 1994).

Important to note in these objectives is the manner in which the public system is positioned as performing at an inadequate rate relative to the needs of the population. Particularly with reference to the last two objectives, the underlying assertion is that public schools are not directly accountable to their 'consumer' base, specifically learners and parents, especially where much of the cost of education is borne by the state (Broekman, 2013). Vouchers are one mode of transferring accountability based on the rationale that this will drive improvements in quality: schools will have to compete, through high and ongoing performance, for learners who receive the state endowment that would ordinarily have been a block grant to the school (Patrinos et al, 2009). In this way parental (and learner) choice drives a market-place of schools competing for funding.

Vouchers can be implemented in several ways: as a universal voucher system (where all learners receive vouchers to attend schools of their choice); as a targeted voucher or scholarship system (to provide schooling to learners from low-income backgrounds); and as an equity-based subsidy mechanism, where private schools receive a per-learner subsidy if they abide by particular equity requirements. The latter is currently in place in Uganda and South Africa, and will be discussed in this section.

A universal voucher system is currently synonymous with the Chilean education model, which views that giving families vouchers to purchase education for their children stimulates competition between public and private education providers (as both are eligible recipients of vouchers in the system) (Verger et al, 2016). At present about 90% of all Chilean learners access their education through this system with the exception of learners attending fully-private, fee-paying schools. Vouchers have also been touted as a desirable reform mechanism of the education agenda for South Africa's main opposition party, the Democratic Alliance (Sayed, van Niekerk & du Plessis, 2018), which currently operates the 'Collaboration Schools' private management pilot in the province it governs (more in the respective section).

In Kenya, Jamaica and Tanzania, Heyneman and Stern (2013) note a trend towards either targeted vouchers and scholarships for learners from poor backgrounds, or cross-subsidization of learners through low-cost private schools which give discretionary bursaries and remittances to parents that cannot afford fees. Day et al (2014) and Verger et al (2016) caution that voucher systems cannot be assumed to function better than public education provision due to a number of factors that influence their success. A strong voucher system relies on sufficient and transparent information available for parents to make choices about the schools their children attend; and a strong regulatory environment that exists to ensure that the benefits of the system are not skewed by learner selectivity and circumvention of the funding model (such as through charging additional fees) (Verger et al, 2016). In Chile and in other cases, schools do have the option to charge an additional fee, though above a certain threshold stand to see a reduction in their voucher value (Ball & Youdell, 2008; Patrinos et al, 2009; OECD, 2012; Verger et al, 2016). There are evident



equity implications inherent in this, particularly where private expansion in the education 'market' results in stratification within a model intended to promote choice, equity and access. In cases where targeted vouchers are provided, higher learner attainment and further education has been reported (Patrinos et al, 2009), however in this case it is questionable what impetus the public sector has to expand to improve quality for the low-income market where, instead, it could contract this out to private providers.

A further example of 'vouchers' in a different form is the subsidisation of private schools, which occurs in countries such as Uganda and South Africa. Private schools can access a state subsidy where they adhere to particular equity requirements, such as catering to a particular income group and setting fees below a certain threshold. In Uganda, this resulted from the need to expand secondary school provision from a limited fiscal base (Brans, 2013). Entering into partnerships with the large number of existing private schools (including for-profit schools) allowed the government to commit more to per-learner subsidies, rather than targeting spending at building more schools or directly paying teacher salaries (as these costs were the remit of private providers) (Brans, 2013). It is interesting to note that in common understanding of PPPs, Uganda's would be considered a form of 'contracting out' through paying the private sector for education services – it is not a 'classic' type of subsidy because schools are not allowed to charge additional fees. However it could be seen as something of a voucher-subsidy hybrid, as learners are able to enter private schools after passing the minimum requirements of their Primary Leaver's Exam, and the fixed capitation grant to schools is calculated on a per-learner basis (Brans, 2013). With a significant portion of its secondary education spend going towards private schools, the regulatory capacity of the Ugandan government to ensure quality and equity is key. Brans's (2011) research, as well as Chapman (2010), shows that this capacity is currently lacking: because the state cannot effectively enforce its monitoring and oversight role, it cannot hold private providers accountable, and by extension learners, parents and teachers are rendered vulnerable (Brans, 2013).

The regulation and constitution of state support for private schools differs from country to country, with some either lacking or not enforcing regulations on

independent schools, and others enforcing a coherent policy architecture to ensure oversight and quality management (CDE, 2015). In South Africa provision is made for parents' right to choose independent schools for their children and some independent (particularly non-profit) schools are eligible for state funding of up to 60% of the public school subsidy.

South African history towards private schools is contested to say the least; historically, at the inception of democracy, some private schools were regarded as being progressive (McKenzie, 1993; Soudien, 2012). Yet on the cusp of the transition there were raging internal debates about the status of private schools in relation to concerns around equity and provision (Kallaway, 1989; McKenzie, 1993). Initially the ANC government refused to fund private schools but following negotiation this was written out of its policy proposals during the transition to democracy. This matter was resolved in sub section 29(3) of the Constitution:

'(3) Everyone has the right to establish and maintain, at their own expense, independent educational institutions that:

- (a) do not discriminate on the basis of race;
  - (b) are registered with the state; and
  - (c) maintain standards that are not inferior to standards at comparable public educational institutions.
- (4) Subsection (3) does not preclude state subsidies for independent educational institutions.'

The result is that South Africa has taken a progressive steering or what some would say is a potentially pro-poor approach (Sayed, 2017). This model is characterised by:

- **Conditional grant systems** based on equity/social redress and quality grounds
- **State oversight** of such schools through the registration process and through funding
- Adherence to the state curriculum, although this can be bypassed

While the Centre for Development and Enterprise (CDE) found that a quarter of the low-fee private schools in its South African study were unregistered, in the main it suggests that nationally a strong regulatory environment exists for independent schools that often holds them to a standard that some public schools may not even

be capable of attaining (CDE, 2015). This is to ensure that parents and learners are not exploited and that a desirable standard is maintained across the schooling system; independent schools can lose their subsidies, be de-registered or even be closed for poor performance. There is a need for better disaggregated data on public and private schools in South Africa in order to ascertain the landscape of current education provision in the country, because currently estimates vary on the size and growth rate of independent schools (CDE, 2015), and as such the below statistics on the size of the sector are contested. It is also important to note that, compared to other parts of the continent, the literature on low-fee (particularly informal) private schools in South Africa is still emergent.

**Table 2: Number of learners, educators and schools in the ordinary independent school sector, by province, in 2014**

Province	Learners	Educators	Schools
Eastern Cape	57 578	2 998	178
Free State	15 882	921	70
Gauteng	246 989	16 483	651
KwaZulu-Natal	70 386	5 063	236
Limpopo	55 069	2 552	147
Mpumalanga	23 637	1 387	105
Northern Cape	4 096	302	26
North West	16 132	1 082	55
Western Cape	48 652	3 694	213
<b>South Africa</b>	<b>538 421</b>	<b>34 482</b>	<b>1 681</b>

Source: 2014 SNAP Survey.

In 2014, there were about 25 741 schools of which 1681 (6.5%) were independent – a growth of about 110 schools from 2013. This compares to a CDE (2013) estimate of 2500, a significant discrepancy of 929 or almost double the DBE’s number.

The demographic of learners in unregistered schools has critical implications for equity in the context of ongoing, racialised inequalities (Bray et al, 2010; Sayed et al, 2016). The impact of regulation on the scope of low-cost private schools is influenced by institutional and managerial contexts and is not a challenge confined to South Africa. Where, for example, community-based private schools have access to limited resources to secure accreditation and subsidisation, school conglomerates come with private backing and knowledge of the policy architecture that enables them to position themselves in the market (CDE, 2015). In the South African context the independent school sector is growing from a relatively small base compared to the rapid expansion of low-fee private schooling in other countries (CDE, 2015). The CDE posits that less than 1% of provincial education budgets (with the exception of Gauteng at 1.45%) in South Africa is used to subsidise qualifying private schools, freeing up more resources for public schools than if those private schools had become part of the public sector (CDE, 2015). However, it also found that the 'low-fee' market in the country is also best characterised as a mid-fee market offering private alternatives costing upwards of R12 000 per annum. This means that even though the subsidy available to private schools is intended to improve equity in the setting of fees (thus widening access), most are still out of reach for the poorest members of society.

Vouchers and subsidies represent a crucial reform mechanism that stand to establish the centrality of the private sector in public education provision, as public money is directed towards funding or partial funding of private schools. In emergent private markets such as South Africa, this may not represent a large dent in the existing spend on public education, but the Chilean case shows that where vouchers come to drive education choice and market development, the extrication of the system from reliance on the private sector becomes difficult (Verger et al, 2016). This creates further space for private interests to pressure the state for greater support and policy inclusion, while also creating quality stratification between public and private schools where private providers are able to draw on increased capital input from donors, shareholders and business interests. The previous discussion on education services, and the following on low-cost private school chains, should be noted for the link between school chain conglomerates and other private service providers. A network analysis on school conglomerates and education service

providers has been conducted for education in the global North, but an identifiable (and necessary) gap in existing education literature on the global South is a similar mapping of the relationship between multinational and national corporate interests in education.

## **4.7. Private schools**

In this section we focus on particular types of private school. We divide the discussion into those which are low cost and those which we argue can be categorised as elite serving the emerging middle class and wealthy in South Africa. The section begins with a discussion of low cost private schools, including school chains.

### **4.7.1. Low-cost private schools**

Heyneman and Stern (2013) offer two reasons for the growth of low-cost private schooling in the global South: firstly, **inadequate provisioning of state schooling**, especially to vulnerable groups in society, and secondly **poor quality education as a result of inefficiencies or shortages** in the public education system. In post-colonial states where indigene education was not prioritised, education for Africans became an aspirational lever, and differentiated education quality resulted in labour stratification in the economy (Oketch & Rolleston, 2007). Expanding access becomes a necessary ideological intervention following independence, as education becomes synonymous with development. However the following discussion will show that it has particular effects on equity when the public system is not equipped to cope with the rapidity of new enrolments.

One effect is that under contemporary circumstances a struggling public education system has resulted in a stream at both high and low income levels towards different kinds of private schools in a range of African states. Where wealthier families have had the option to enrol their children in exclusive private schools, newer institutional forms are geared towards low-income families and use a range of strategies to

attract them from the public education system (Heyneman & Stern, 2013). The following discussion broadly distinguishes between small-scale, locally-run and – funded community schools and large-scale education corporations that build school conglomerates, or provide funding, resources or support to local private (or public) schools.

### **Low cost community schools**

Oketch and Rolleston (2007) contribute an interesting discussion on the evolution of education policies in East Africa with particular focus on Kenya, Tanzania and Uganda. They argue that education became synonymous with development as a result of the global shifts indicated above as well as local political dynamics that emphasised the centrality of schooling to the vision of the new nation (Oketch & Rolleston, 2007). Expanding access to public education became an important ideological as well as developmental strategy. However, they problematize the emphasis on basic education in current global agendas and the relevance of this emphasis to an increasingly specialised global labour market, arguing that ignoring the structural and social dynamics influencing access and retention results in reduced long-term benefit and increased inequality. The following discussion will reflect on this position in relation to the literature.

One example of this can be found in the work of Nishimura and Yamano (2012), who argue that an unexpected result of the Universal Primary Education (UPE) MDG goal may in fact have been the growth of low-cost private schools in places like Kenya. They suggest that overcrowding in free public schools, and slow expansion of the existing system, resulted in the ‘siphoning off’ of parents and learners with a few more resources available to them (Nishimura & Yamano, 2012). Private sector schooling in this context fulfils an ‘excess demand’ role in responding to a gap left by the public education system, in this case low-cost, often low-quality schooling (Nishimura & Yamano, 2012).

In the Kenyan case, the number of private schools quadrupled between 2002 (= 1441) and 2005 (= 5857), with parents of children in these schools claiming they offered better discipline, teaching quality and desirable learner to teacher ratios (about 1:20 compared to 1:60 in public schools) (Tooley, Dixon & Stanfield, 2008;

Nishimura & Yamano, 2012). Another consideration for parents was the discretion principals of these schools accorded to the payment of fees and the relaxing of restrictions on uniform (Tooley, Dixon & Stanfield, 2008). While public education may be 'available', coupled with the cost-sharing policy of the Kenyan education system that encourages fee paying, the hidden costs of public schooling influences its attractiveness (Patrinos et al, 2009). Hidden costs include actual hours of teaching time, class size and its influence on individual attention, uniforms and so forth.

In cases where public schooling is either free or highly subsidised, the issue of education as a public good is affected by the rationale of choice and value maximisation where private providers exist for particular aspects of the market. For example, while 'low cost', the cost of education in small community private schools is borne primarily by parents, creating a drain on local finances (Oketch & Rolleston, 2007; Heyneman & Stern, 2013). It contributes to the stratification between income groups as learners from middle class and wealthy families are already able to exercise their choice over private education and divert resources into these institutions. With low-income families now able to exercise the same choice, the drain of already scarce resources from poorer public schools threatens the attainment of the learners left behind (Nishimura & Yamano, 2012; Heyneman & Stern, 2013).

In Uganda, learners' families bore up to 80% of the cost of education prior to the effecting of UPE, and thereafter there was a shift of financial responsibility to government to cover the costs. The need for 'top-ups' to low quality public education means that education quality was determined by private resources and stratified by income level (Nishimura, Yamano & Sasaoka, 2008). Oketch and Rolleston (2007) refer to this as '**access shock**' where, similar to Kenya, the public system is not equipped to respond to the exponential demand for enrolments as education becomes free or subsidised. While top-ups are one means of cost-sharing between the state and parents, they also create a situation in which parents have to be strategic about the annual spend on schooling per family. The result is that some learners (such as girls) are taken out of school, or sent to lower-quality schools as resources are diverted towards boys or more academically proficient siblings. The availability of low-cost schooling may also lead to greater instability in enrolments as

these become dependent on income and the availability of funds to send children to these schools (Lewin, 2007; Day et al, 2014).

It is necessary to understand how the introduction of UPE and EFA in contexts without the necessary policy and/or structural capacity can produce patterns of inequality as excess demand comes into effect. If access to education expands before the market can absorb and organise the increased inflow, adverse effects on inequality can be expected as the value of specialisation increases and secondary and tertiary education become even more aspirational than they currently are (Kallaway, 1989; Kimenyi, Mwabu & Manda, 2006; Oketch & Rolleston, 2007). Unemployment and job instability affect the both the cost and the value of education such that existing inequalities both in and outside the education system can affect enrolment and retention.

Moreover, political dynamics may affect the ability of certain groups of learners to access schooling. While basic education is enshrined as a fundamental and inalienable human right, accessing education for refugee and migrant learners in South Africa comes with bureaucratic challenges, policy friction, and xenophobia in some cases (Sayed et al, 2016). In other states education may be affected by inequalities of gender, ethnicity or language (Brock-Utne, 1995; Oketch & Rolleston, 2007). In this regard low-cost private schooling acts as an intervention against systemic inequalities and either a 'way out' of using state services or a 'last resort' for citizens that struggle to make claims against the state and hold it accountable. The relationship between low-cost schooling and equity is discussed further in the section to follow.

Srivastava (2016) argues that the growth of education as a marketplace backed by corporate finance and global capitalism is characteristic of a 'second wave' in governance that brings new actors, agendas and interests into the national education landscape. Reaching the goal of universal access and improved quality in education occurs in the context of increased budgetary constraints for countries in the global South, with the result that the excess demand discussed above comes into effect.



### **Challenges for low-cost private schools: a space for school chains?**

While greater accountability may drive the tendency towards private schooling in the low-income market, low-cost schools have their own set of challenges. In cases where these develop out of community or philanthropic initiatives, resources may be stretched in order to accommodate more learners, including a percentage that cannot pay full or any fees (Heyneman & Stern, 2013). The authors cite cases in Kenya, Jamaica and Tanzania where redistributive mechanisms such as vouchers or cross-subsidization through fee paying learners enable more learners from low-income families to access private schooling, also seen in the Ugandan case where rather than vouchers government directly pays the fees of learners to private schools (Brans, 2013). On the other end, profit-seeking schools may not be able to offer as many concessions, which makes them unlikely to be able to serve the poorest or most marginalised in society (Lewin, 2007). In this sense, systems that are not adequately developed to accommodate the changes resulting from privatisation will not benefit from the efficiency or competitiveness attached to marketization (Lewin, 2007). A new challenge may be the role of the government as a 'last resort' provider of low-quality public education as private providers come to offer education for different income levels.

Another challenge that is alluded to in the provision of education by so many actors is the problem of standardisation, quality, and throughput. It is uncertain whether low-cost schooling promises comparably better results than public schools, as the results of studies have been mixed, or positive without this being directly linked to the school's status as private (Heyneman & Stern, 2013; Day et al, 2014). Even while Day et al (2014) do find some positive evidence of learner performance in private schools, they caution that current research may not necessarily extend into the range of private providers and the diverse learner cohort these providers serve. It also does not control for the range of other factors that influence learner attainment (Day et al, 2014). More to this point, differing degrees of regulation mean that in some countries low cost schools may not be mandated to write a national exam or equivalent, with serious implications for equity and throughput of any gains made in these schools (Brock-Utne, 1995; Oketch & Rolleston, 2007). As Day et al (2014) find, enrolment in public secondary schools may be more elusive for learners in low-cost private schools in states such as Kenya, potentially reversing any gains in

learning and retention for those who have ‘exited’ the public system at the primary level.

Low-fee school chains are argued to reduce some of the risks posed by community schools, particularly where they have to conform to regulations on independent schools in order to access accreditation and/or subsidies from government (CDE, 2015). International chains such as Bridge International Academies (BIA) are funded by a combination of private donors and international development funds, and offer low-fee private education in countries like India, Uganda and Nigeria. Like SPARK Schools, a South African private school chain which uses a blended learning model, BIA rely on new technologies to keep school costs low and learning innovative (CDE, 2015). The SPARK Schools website (2017) says that: ‘SPARK Schools individualises learning through our blended learning model, which combines teacher-led instruction and computer-based instruction in our Learning Lab. Our model is the first of its kind for primary school students in Africa. The software SPARK scholars use is adaptive, allowing for highly individualised student practise and assessment’.

This may reduce the cost and quality of professionals required to teach learners if technology comes to replace some of the functions of teachers (Languille, 2016). However, this also brings into question the consistent onslaught against the centrality of the teaching profession that critics (Ball & Youdell, 2008; Verger et al, 2013; Robertson et al, 2012; Verger et al, 2016) consider to be a hallmark of the current privatisation agenda. This critique will be engaged in the conclusion of the review. It is also important to note the relationship between ICTs and new school conglomerates, which positions a range of private interests in relation to each other.

While older, non-profit school chains exist, newer ones may be publicly listed companies or emerging for-profit chains that charge higher fees than low-cost schools such as LEAP which are aimed at attracting high-performing, low-income learners (CDE, 2015). This means that the ‘low-fee’ school chain market could in fact be populated by intermediate and middle-income families rather than the poorest, who continue to be served by weaker public schools or, for a small segment, private schools (whether informal, formal fee-paying or bursary-offering). Older chains may also not be able to expand as rapidly as education conglomerates or for-profit chains

due to their more limited resource capacity. The table below notes key private education providers in South Africa and their target markets.

<b>PRIVATE PROVIDER</b>	<b>TARGET MARKET</b>
<b>PUBLICALLY LISTED COMPANY</b>	
<b>AdvTech</b>	high-income (proposals to move into low-fee market, as well as private tertiary education)
<b>Curro</b>	intermediate- and middle-income; bursaries offered to 4% of learners
<b>FOR PROFIT CHAIN</b>	
<b>Reddam House</b>	high-income
<b>SPARK Schools</b>	intermediate-income at present, but with plans to move into low-fee market as the brand expands
<b>Prestige College</b>	low- to middle-income
<b>NOT FOR PROFIT CHAIN</b>	
<b>Vuleka</b>	intermediate-income
<b>Get Ahead Project</b>	low-income
<b>BASA Educational Institute Trust</b>	low-income
<b>Summit Education South Africa</b>	high-income
<b>LEAP Schools</b>	low-income
<b>2 Oceans Education Foundation</b>	low-income
<b>The Love Trust</b>	low-income
<b>African School of Excellence</b>	low-income
<b>Pioneer Academies</b>	middle-income
<b>Royals Management Company</b>	intermediate-income

*(Adapted from CDE, 2015)*

The implication is that the innovation and accountability posited as a benefit of low-fee private chains is lost on the segment of the education sector that could theoretically most benefit from it (Languille, 2016). Thus, while the CDE (2015) holds that increasing subsidies to private schools could encourage them to drop their fees, research by the OECD (2012) suggests that this is not guaranteed to result in equity where stratification already exists in the schooling market. As seen above, the presence of low-fee providers indicates a demand for these in the market, but in the

context of a growing awareness of profitability in the education market and the turn towards investing in profit-seeking providers.

#### **4.7.2. Elite schooling**

The school types discussed below form part of the basic education sector in South Africa (and on the continent more generally) but remain under-researched as forms of education provision. They form a significant part of the private education market, and in the case of religious schools form part of the ethos of some public schools but with specific regulatory caveats. These constitute a form of 'parallel provision' that does not directly compete with public education but provides educational services to niche markets.

Van Zanten (2009) provides a useful discussion of the sociological factors underpinning the persistence of elite, usually private schools in France, the United Kingdom and the United States. While these differ contextually from African states, elite education under colonialism followed similar models that sought to entrench a privileged overclass (van Zanten, 2009). As such the curricula and social cultures of elite schools are modelled on the particular spaces that learners are expected to occupy in society and the accompanying social capital this will require. A key reason for the emergence of private schools is thus the notion of differentiated demand, but as an area of research these schools have not received the same focus in the literature as low-income schooling (or may not have been as willing to be researched). It is important to understand the 'class wall' created by the perpetuation of high-income schooling in the contemporary knowledge economy, and moreover how equity and quality can be foregrounded in future education interventions when part of the education market is sectioned off. The tighter connections between elite private schools, private wealth and the market puts learners at these schools at a greater initial advantage in further education and job opportunities to their peers in other contexts (Lockheed, Jimenez & Paqueo, 1991; Lockheed & Jimenez, 1994; van Zanten, 2009). Indeed, Mundy and Menashy (2012) note that elite schools in former colonies were key recipients of endowments from international funders in the past, and continue to receive funds as a result of high-profile alumni and donor networks that perpetuate their exclusivity.

### **Gated community schools**

Curro Schools in South Africa have established several schools within or near gated security complexes, a popular housing option for middle- to high-income families. The tendency towards private communities by the wealthy has implications for the social compact but moreover creates ground for private provision of health and education in these clusters, resulting in middle- to high-income families opting out of most public services. While the growth rate of this school type has been slow and not covered in either academic work or media reports, as a phenomenon it merits attention for its implications for citizenship and the creation of 'wealth bubbles' within but external to the state and its functions.

### **Home schooling**

A form of private schooling is when individual parents withdraw their children from all forms of public schooling and elect to educate their children at home. The debates around home schooling query its relationship to the public good and its elevation of private interests, as well as the class, race and faith dimensions informing the demographics of families electing this alternative. Home-schooling in South Africa was illegal under the apartheid government but provided for within the new democratic dispensation. However, statistics on the size of the sector are unreliable and veer between 50 000 learners and 400 000, and the registration and oversight of the home-schooling sector has been found lacking (Arai, 1999; Lubienski, 2000; Aurini & Davies, 2005). Because of the view of home-schooling as an 'alternative' form of education reduced down to individual providers (parents), it is unclear what new research is available on the phenomenon in South Africa, as most of the literature found was dated pre-2005.

### **Faith-based schooling**

Schools in South Africa are allowed to observe religious rites under specific conditions, namely:

'Religious observances may be conducted at state or state-aided institutions, provided that:

- a) Those observances follow rules made by the appropriate public authorities;
- b) They are conducted on an equitable basis; and

- c) Attendance at them is free and voluntary' (SA Constitution, 1996)

A recent judgement also found that schools could not identify with and promote one religious identity at the expense of others. School governing bodies are mandated to decide a religious policy that is commensurate with the dynamic needs of the school community, and should be willing to adapt this as necessary. Faith-based schooling has formed one aspect of the differentiated demand in the South African market, and it is critical to further research the effects of this on broader attitudes to citizenship and equity. McKenzie's research (1993) at the turn of democracy cautioned that the non-racialism of historic religious (particularly Catholic and Anglican) schools should not be read in separation from these schools' ties to 'the New Right' or interrelated networks of local and global capital.

Forms of parallel provision are not seen as a significant encroachment on broader equity and quality concerns when these primarily service niche interests. The view emerging from the available literature on these forms suggest that their primary driver is parental choice, which may be motivated by religious, cultural or social concerns (as well as class, in the case of elite private schools). There are also niche pedagogical schools such as Waldorf and Montessori which promote a particular kind of teaching and learning approach, and in the South African case these are also part of a middle- to higher-income education market. However, it is important to flag this provision for its separation of learners and their families from the public education system, and the 'opting out' from public services that these schools offer – indicative of a wider public opinion in many states that the public sector is inefficient or a poor service provider, and private providers are 'better' for individual needs and tastes (McDonald & Ruiters, 2012). The public sector is not exempt from this critique, however: in cases where progressive policy and unequal contexts meet, the semi-privatisation of public education takes place through the charging of user fees, which compounds inequality within a supposedly public system. The following discussion takes up this concern.

#### **4.8. Semi-private public schools**

The discussion has thus far drawn out cases of privatisation in education particularly in the low-income stream. Arguably the neo-privatisation of education in the low-income bracket poses an interesting point to the nature of PPPs and the traditional relationship between private money and the education of elites (Van Zanten, 2009). In wealthier, often old private or public schools, the state grant (if any) is secondary to the high fees and endowments received from parents, business and alumni – creating an internal private partnership that steers school governance and spending, is able to influence uniform and admissions policies, and enables the school to act autonomously and in its best interests rather than directly under the ambit of the state.

Some former Model C schools have retained this ability in the South African context, and the quintile system does indeed diminish the autonomy of poorer, no-fee schools as these come under the administration of the state and its contracted suppliers and services (Hofmeyr & Lee, 2004; Lewis & Motala, 2004). In this system quintiles 1-3 schools receive a greater per-learner subsidy as well as state allocation of funds for teachers and services, but are not allowed to fundraise or charge fees. Quintiles 4 and 5 schools receive lower subsidies but are free to charge fees and fundraise, which in fact grants greater access to private money (through parents paying fees and donations) to employ more teachers, offer more services, and improve infrastructure and learning. This is important because it makes evident the distinction between wealthier schools as privatised for the purposes of autonomy, and poorer schools privatised for the sake of governmentality – to correct errant, deviant, and deficient experiences of schooling, to optimise discipline and efficiency, and remedy the failures of state provisioning. However, wealthier institutions have also come under scrutiny for not adhering to Constitutional values in their engagements with learners, suggesting that regulatory mechanisms should become a priority as these educational opportunities expand to accommodate learners from marginalised communities (Lewis & Motala, 2004).

In this instance the fee/no-fee distinction in the system and its implications for governance, and the range of fee levels at fee-paying schools, creates a stratified

semi-privatisation of schools within the system (Fiske, 2000). The 'quintile-hopping' (Fataar, 2015) phenomenon that sees more resourced learners moving to better schools also results in learners with less available resources left in historically, and subsequently less resourced local schools. Race and class inequalities are hardened in a context where wealthier schools are able to exercise greater freedom over their governance and budgets, while poorer schools are brought under government control while also struggling to mobilise limited local resources for their improvement (Fiske, 2000). Indeed, even in cases where these schools have full governing bodies, principals still exercise greater control over the running and administration than parents do because they are not the primary source of school funds (Lewis & Motala, 2004). Particular policies, such as the South African Schools' Act, have enabled this environment as the decentralisation of governance can be used to maximum effect by schools with the wherewithal to do so, and where parental support and finance constitutes a large portion of school funds and can hold schools accountable as a result.

Semi-private public schools are able to draw on the best of both systems by leveraging their state allocations against reputations of academic and extramural excellence and corresponding social capital (Pedro, Leroux & Watanabe, 2015). In this way it works in the interests of parents and interested parties to maintain their status through charging high fees, which also acts as a form of gatekeeping but also provides these schools with more security and resistance to fluctuations than poorer schools (Lewis & Motala, 2004). Moreover, while policies such as the SASA (1996) set limitations on the ability of schools to discriminate through admissions, language and catchment area policies, there is still scope for these schools to attract high-performing and affluent learners and retain exclusivity on the grounds of academic excellence, which continues to be associated with the colonial education model (Ball & Youdell, 2008; Fiske & Ladd, 2003).

Arguably while greater autonomy for these schools keeps wealthier learners in the public education system it does not remedy the inequalities that exist between schools or offer learners from low-income backgrounds sufficient opportunity to access high-quality schooling. As Lewis and Motala (2004) argue, the assumption that decentralisation would enable schools to attract direct funding from their



communities was undercut by the level of stratification in the inherited education system. In this context it is questionable whether the insertion of low- or mid-fee private education in the market would have the effect of reversing or remedying these inequities. It is important to interrogate whether autonomising good performance at the level of individual schools in such a deeply unequal context is sufficient for ensuring systemic resolution of inequities. Interventions such as public management of private schools have been touted in the South African context as a means to resolving this continued inequality, but the justification for this proposal requires sustainable evidence of its ability to deliver on its promise. Due to limited education budgets, the classic motivators for private intervention are there: greater risk-sharing, increased efficiency, enhanced flexibility and accountability through managerial mechanisms that bypass state regulation on employment and procurement for traditional public schools (Brans, 2013; Verger et al, 2016). The following discussion engages the South African case alongside a similar management model in Liberia, drawing out the ‘final frontier’ of private intervention in education – the public-private partnership.

#### **4.9. Public-private partnerships**

Private management of public schools, it is argued, can respond to the equity/efficiency trade-off that results from privatisation of public goods because they incorporate market principles while usually remaining under the authority of the state. this review positions this as the key form of PPP that is being promoted in current education reform in the global South, where public and private are no longer viewed as distinct (even if they are not), but through contractual agreements become fully entangled. This section will discuss two cases in South Africa and Liberia where private management is currently being piloted as a solution to struggling schools.

LaRocque (2008) explains the process by which private bodies (such as NGOs or management firms) are brought in to run school operations: ‘Contracts contain basic requirements that apply to private schools but also outline expected student outcomes, methods for assessing those outcomes, the goals of the school, and its programme of instruction. The contract also covers the agreed or mandated curriculum. As part of the contract, the management company or organisation is

generally required to meet specific benchmarks in areas such as school attendance, student performance and community involvement' (LaRocque, 2008:13)

Contracts further include tenure periods for providers under which their performance may be reviewed and poor-performing providers replaced (LaRocque, 2008). LaRocque (2008) describes several country cases of private managerial or operational contracts in public schools, with some evidence suggesting longer tenure periods are more desirable to ensure sustained intervention and more sound performance evaluation. In a similar manner to the way high staff turnover can affect learning returns in schools, turnover in management arrangements can disrupt the running of institutions and the success of new interventions. Privately managed schools are also often able to have more flexibility in terms of governance, such as hiring and firing teachers or paying teacher salaries and setting incentives. This challenges traditionally unionised teacher forces by reducing job security and contracting in teachers with less experience at lower salaries.

Fine and Hall (2012) caution against what they call the 'evaluatory trap' inherent in public-private partnership contracts. They argue that the imperative to evaluate and monitor progress and performance of private providers inevitably throws up shortcomings in outcomes that were not provided for or considered as part of the original agreements (Fine & Hall, 2012). Romero, Sandefur and Sandholtz (2017) in their discussion of the Liberian case agree with this perspective, suggesting pace Fine and Hall (2012) that the onus of regulation, amendment and 'mopping up' where private interventions have not fulfilled their mandate then falls on the state – which entered into these agreements specifically to avoid additional costs.

#### **4.9.1. South Africa**

In South Africa, private management is currently being piloted through the Public School Partnerships (colloquially known as 'Collaboration Schools') by the Western Cape government, in partnership with the DG Murray Trust. The partnerships were inspired by the Academy schools in the United Kingdom and the links established between public schools, donors and non-profit collaborators or operating partners. The pilot focuses on the 'most poor', no-fee quintile 1 and 2 schools based on the argument that low-cost private schooling can respond to some of the shortfalls of the

market but cannot target the least resourced (DG Murray Trust, 2017). The Trust argues that in the context of increasing educational inequalities, greater quality and attainment in public education should be the end-goal; moreover that expansion of the independent school sector will worsen inequalities as public schools come to be seen as schools 'where poor kids go' (DG Murray Trust, 2017). The proposed solution is for the state to retain ownership of schools but enter into contracts with private providers (called 'School Operating Partners') to manage school operations.

Under the PSP model, partnership schools receive their regular state allocation but this is handed over to the managing company to direct funds. The Trust argues that parents can 'opt in' to turn their schools into partnership schools, but in return the SOP retains a significant proportion of voting capacity on the school governing body (50% or more) (DG Murray Trust, 2017). Contracting is performance-based to ensure that providers deliver on a minimum set of outcomes during their tenure. In return schools can expect greater support and efficiency through dedicated operational networks and improved social capital through connections to private finance. Indeed, the funding composition of these schools is intended to shift from an 80/20 mix of public and donor funds respectively, to an 80% public funding, 20% mix of donor and 'social capital' funds accessed through fundraising and, potentially, the introduction of contributions from parents (DG Murray Trust, 2017). While the pilot is currently underway in five schools there are plans for it to be rolled out in more public schools if successful – what the Trust describes as '10-15% of public schools, serving the poorest 40% of learners' (DG Murray Trust, 2017).

In response to criticisms of teacher casualization, marketization of schooling and long-term implications for school operation, the Trust argued that the SOP is required to conform to post-provisioning norms and is accountable to government for its performance. Moreover, issues of tenure length and ensuring sustainability in management forms part of the information-gathering process of the pilot. Alongside vouchers, which learners receive from the state to subsidise their education and exercise school choice, private management of schools is a common PPP form in both developing and developed countries (Languille, 2017). Vouchers have also been proposed as part of the education strategy of the Democratic Alliance, the ruling party in the Western Cape and several key metropolitans in the country

(Sayed et al, forthcoming). This indicates an increasing shift towards private involvement in the provision of public education alongside the expansion of the private education market (albeit from a small base, as argued by the CDE (2015)).

These interventions follow the logic that greater choice and individual autonomy in the education sector will lead to higher demand for quality through increasing competition, and thus standards, between schools (Languille, 2017). Results on their success in practice have been mixed, with some suggesting improvements in access and others arguing that they introduce greater stratification into already unequal markets (LaRocque, 2008; OECD, 2012; CDE, 2015). In the case of vouchers, it is argued that these are more cost-efficient than funding public schools and offer more learners access to education (CDE, 2015). For arrangements such as the PSPs, the greater authority granted to the SOP may reproduce the unequal power relationship between parents and principals at poor schools (Lewis & Motala, 2004) because of the SOP's role as managing partner and conduit to additional funds and support from donors.

Further, as Srivastava (2016) and Languille (2017) argue, private managers may be more inclined towards systems standardisation across their partnered schools for efficiency purposes, resulting in less risk-taking and decreased responsiveness to local needs. Relationships of accountability are also not clearly defined as SOPs are accountable both to the contracting party (government) and parents as proxies of learners. Performance is reviewed by government and while parents and other governing body members have some power to remove the SOP, arguably this power is constrained by fears of resource withdrawal and support. This asymmetry between donor authority and constituent agency is important to bear in mind.

#### **4.9.2. Liberia**

Liberia's President Ellen Johnson Sirleaf, in the foreword to Caerus Capital's (20117) *The Business of Education in Africa* states that: 'Of course, [the] distinction between public and private shouldn't matter; a school's outcomes should'. She argues that 'creative and pragmatic' solutions are needed to rebuild public institutions ravaged by years of conflict and violence, and restore hope through educational possibilities (Caerus Capital, 2017).

The Liberia case shares some similarities and some differences with that of South Africa. For one, the state retains ownership of the school but devolves management processes to the private contractor. In Liberia providers involved in the pilot were contracted in through an open tender process with the exception of Bridge International Academies (BIA) which entered into a separate, and undisclosed, memorandum of understanding with the state. BIA is still considered a part of the Partnership Schools for Liberia (PSL) programme which is currently in its second year of piloting. In both countries, private providers range from multinational companies to non-government and/or non-profit organisations.

Romero, Sandefur and Sandholtz (2017) offer the first results of the PSL pilot in their working paper released September 2017, as part of a three-year randomised evaluation. The Liberian pilot delegates management of 93 public schools to eight contractors under condition that teachers remain employees of the state, schools are fee-free and while there is a cap instituted on class size in participant schools, admissions screening is prohibited (Romero et al, 2017:2). This mirrors the limitations set on South Africa's PSPs. However an exception is that while public low-income schools can opt into the PSP pilot, and are described as of the more disadvantaged segment of the schools in the province, in Liberia participant schools were of above-average quality. This meant that they had higher enrolments, were closer to urban areas, and had somewhat better resources, infrastructure and teacher capacity (Romero et al, 2017). As such they caution that the current pilot has not been tested in ordinary public schools in the country where it may incur greater start-up costs and require coordinated intervention into teacher capacity and learning attainment.

Teacher capacity is important to the PSLs because a special arrangement exists with the Liberian government to rid pilot schools of underperforming teachers as well as direct highly-sought graduate teachers into them. The result is that teachers in PSLs are of a higher standard, better trained and scored higher in attendance and actual teaching (Romero et al, 2017). The hidden cost is that weaker teachers are pushed out of these schools and either back into the public sector – becoming a negative externality there – or out of the system entirely. This has the potential for a long-term crisis in teacher numbers if current graduate rates do not match PSL-

related attrition (as the programme expands) and if there are insufficient professional development mechanisms to improve existing capacity in the system. The results of the preliminary evaluation suggest that ‘the staffing advantages given to PSL appear unsustainable at a larger scale’ (Romero et al, 2017:3).

Private providers are granted a per-pupil subsidy of \$50 additional to the \$50 already spent per learner in Liberia which largely covers teacher salaries and resources (Romero et al, 2017). This results in a total spend of \$100 per learner in PSLs. Liberia draws a significant share of its education expenditure from foreign aid and not domestic tax revenue, and there are also streams of capital that bypass the state and are administered directly by NGOs running particular programmes within the education system (Romero et al, 2017). It was found that many of the contractors received additional remittances from other sources which increased the cost per learner significantly: for one organisation (YMCA) an additional spend of \$57 per learner, for another (BIA) an additional spend of \$1,050 (Romero et al, 2017:17). The additional subsidy is used at the discretion of the management team, as are funds from external sources though these may come with their own conditions attached.

In the short term the PSL has been shown to improve learning attainment (amounting to an extra 0.56 years of literacy education and 0.66 years of mathematics), teacher practice and enrolment (Romero et al, 2017). However enrolments have decreased in some PSLs where the ‘capping’ of class sizes results in excess learners being pushed off into the public sector in much the same fashion as underperforming teachers. As the authors argue, improving learning gains for a subset of learners is insufficient for boosting enrolment and access, or for ensuring equity in the cohort of learners that are enrolled in PSL. For example they find no change in the number of learners with physical and cognitive challenges in PSL schools. They also problematize the tendency to pilot programmes such as PSL in better schools, push weaker teachers out into poorer segments of the public sector, and prioritise learning for a nucleated selection of learners under the assumption that this will result in greater systemic gains (Romero et al, 2017). The promise of ‘free’ schooling for the poor is also problematic at closer inspection where in both countries hidden costs are imposed on parents regardless of formal fees being scrapped. An unseen effect of this in the long-term is that PSL (and arguably, the

PSPs) will crowd in resources from the state and donors and become enclaves of good performance, enabling de facto screening processes to cream off good learners from weaker public schools.

These cases show similarities in the intended outcomes of private management, avenues for revenue within these management agreements and unintended or – expected effects of these initiatives on the public sector. While it remains to be seen whether either the PSPs or PSL enjoy success on a systemic level, early indications from both programmes suggest that deep understanding is needed of the social and economic repercussions of devolving school management to private providers without strong ties to local communities, and with insufficient oversight mechanisms to ensure that providers' aims and practices align with national goals. If this form of PPP is to be established as the blueprint for future education reforms in the global South, its legitimacy, benefits, and externalities require further interrogation.

#### **4.10. Conclusion: Emerging analytical and research agendas**

The discussion in this literature review has pointed to the complex landscape of private intervention in education in the global South, with particular focus on South Africa and more broadly in Africa. It has identified a number of ways in which private actors intervene in the delivery of basic education, from provision of technology and resources to niche schooling, low-cost schooling and public-private partnerships for school reform.

A few important, **cross-cutting analytical threads** emerged from this review that merit attention. These are:

##### **4.10.1. Decentralisation and accountability**

The 'accountability turn' has been a critical outcome of the current global privatisation agenda (Verger & Altinyelken, 2013), which positions accountability and standards-setting as an important element of ensuring quality education delivery and governance of education systems. As the discussion in the beginning of this section noted, decentralisation takes a number of forms and is usually motivated by 'democratic participation' and decision-making, based on the argument that greater

ownership of schools by local communities leads to better outcomes and more relevant learning. However, the question of 'who' in the accountability debate is important. Some of the interventions discussed in this review have shown that new lines of accountability have been configured between governments and private providers that in fact erodes the bottom-up line of accountability schools, teachers, parents and learners have to the sources of education management and funding (Ball & Youdell, 2008; Verger et al, 2016). Furthermore, the capacity of governments to hold private providers accountable is also questionable, requiring firm division of responsibility and indicators of performance. Accountability measures in new forms of managerialism adopted from the private sector rely on indicators such as evaluation of schools and teachers, learner test scores, and national benchmarking, rather than more holistic indicators of quality performance and system-wide improvement (Ball & Youdell, 2008).

#### **4.10.2. The role of teachers**

The accountability debate also relates strongly to the work of teachers, who are positioned as key *inputs* to the delivery of quality education outcomes (Ball & Youdell, 2008). Teachers have further also been located as a problem in struggling education systems, and the unionisation of their work flagged by private providers as a key constraint to deregulating the education system and freeing up resources due to the high cost of their salaries (Verger et al, 2016). Private providers argue that introducing performance-related pay will stimulate teachers to work harder at delivering high outcomes, while more flexible hiring conditions (teacher casualization) will enable greater accountability (Barrera-Osorio et al, 2012). It is noteworthy that in the literature on privatisation, scholars such as Tooley emphasise the quality of teaching as a driver of the development of the low-fee private schools, but rarely engage the labour, equity and regulatory concerns inherent in an informal model of education delivery.

The professional status of teachers has been significantly challenged by new reforms and resources, particularly the use of ICTs which displace their central role in the classroom. Here, the teacher is situated as a technician or facilitator, in a similar manner to where they are expected to rely on structured curricula and lesson plans (Verger & Altinyelken, 2013). While research has shown that many teachers in



low-fee private schools are un- or underqualified, it is also significant to note that many teachers in private school chains are also either less experienced or have the minimum qualifications required, factors which render their labour cheaper than experienced teachers (Verger et al, 2013). Verger and Altinyelken (2013), in the introduction to a book detailing how teacher labour is transformed under new managerialism, argue that the very construction of the teaching profession is currently facing a paradigm shift as governments take on prescriptions of value from the private sector – where standards come to determine the measurable nature of teachers’ work, and where evaluation is less for professional development and progress than it is for measuring how teachers are failing to produce learning outcomes. Altinyelken and Verger (2013) conclude that one outcome of problematizing teachers is the generation of greater antagonism between teachers and the state, and teachers and private providers (particularly where these are directly involved in public sector provision), which could lead to greater resistance, attrition, and reduced status of the profession in the long run.

In contexts such as South Africa, where teacher quality still follows historic racial, gender and geographic lines, the use of standardised accountability measures threatens the professional status of many of the teachers working in the most challenging learning contexts. As research has shown in the past (OECD, 2012) a more complex array of factors are responsible for low attainment, and greater attention should be paid to the levels of equity between schools, communities and regions.

#### **4.10.3. Highlights and emerging research gaps**

Further to the cross-cutting issues above are a number of **key highlights** emerging from the literature, which relate to:

- The question of inequality and how the existence of private education options at different ends of the income spectrum impacts the most vulnerable learners.
- The importance of efficiency and autonomy in motivating the existence of private schools, low-cost private and privately managed public schools more specifically (especially private school ‘chains’)

- The transformation of the education system and participants within it, particularly the way the role of teachers is being reconfigured through new modes and spaces of teaching and learning
- The view of education as a public good and how this is affected by the expansion of private options and ePPPs. This includes the impact of the private sector on state control over public education, the process of citizen development in schooling and the inculcation of particular values
- The policy landscape enabling, impeding or mediating ePPPs and privatisation in education

These issues above should also be framed with respect to gender, which emerged as an issue underlying much of the literature on low-cost schooling and challenges to access. Unterhalter (2017) argues that public support for girls' education can either be bolstered or diluted by PPPs depending on their respect for contextual circumstances such as religion and domestic division of labour. She describes the relationship between private money and the public good as 'dispersal' for how this displaces old distinctions between left/right politics and the role of the state in different political contexts (Unterhalter, 2017), and in so doing leads to unpredictability in the projected and unexpected outcomes of PPPs. It is further possible to differentiate between PPPs concerned with 'soft' approaches to gender equality, such as through increasing access for girls, and those concerned with mobilising around girls' education as a driver of equity and long-term changes to gender dynamics.

Further, in contexts marked by conflict, social tension and fragmentation and/or religious fundamentalism, education and health can work in tandem to produce or disrupt inequalities. The feminisation of care (Gideon et al, 2017) and confinement of girls to domestic spaces has direct implications for access to education and the choices made by parents to educate their children (such as sending boys to better private schools, and girls to weak public schools) (Fennell, 2014; Languille 2016, 2017; Unterhalter, 2017). The discussion above has described the range of interventions that exist in the relationship between public and private, and it is crucial to understand how gender inequities fit into this education provision. If expanding access and improving outcomes is the major driver of increased private involvement

in education, then the repercussions of this for long-term gains in generating gender equality are a necessary site of interrogation. Unterhalter and North (2011) indeed question whether global frameworks adequately distil feminist concerns and actions, and whether measures and indicators limit the feasibility of these frameworks for realising substantive equality. There are implications for leaving behind less measurable indicators as these come to threaten the durability of the gains that are made.

The discussion above also crucially asks what the **key research gaps** are emerging from the work of this literature review. Several can be identified at this juncture:

- i. The *epistemic silencing of local voices in the privatisation debate* save for the work of international advocacy organisations such as Education International which have conducted critical empirical work across the global South. The intellectual gatekeeping of Northern ‘knowledge economies’ continues to set the agenda for discussion on the issue of privatisation and related phenomena, such that while there is significant work being done in the global South by for example feminist scholars, little of this finds its way into mainstream research into privatisation. Robertson (2006) refers to this as an absence of subaltern or alternative knowledges, which reaffirms Verger’s (2012) notion of the ‘cognitive locks’ that currently dominate the sphere of debate on privatisation.
- ii. The *limited teacher focus of research into privatisation* is a cause for concern. Focusing on schools and learners ignores that teachers are key brokers in the learning experience, making it important to interrogate how the profession is being transformed, how teaching and learning is being reconfigured, and what the future possibilities for equity and quality will be.
- iii. In her discussion of ‘three absences’ in current work on privatisation, Robertson (2006) notes *a need for a deeper political economy analysis of privatisation* and the entanglement of the state and private sector, as the terrain of representation in state politics becomes altered (and globalised), and the identities of citizen and consumer come into contestation. While the article by Robertson is over a decade old at the time of this review, the absences she articulates remain relevant to current writing on privatisation.

- iv. Research also needs to take up and *map the genealogy of policy borrowing* (Ball & Youdell, 2008) that occurs between the global North and South, between international policy agendas and regional development imperatives. It is critical to understand the flow of information, knowledge and agenda-setting that drives the turn towards privatisation in different states, and show how national education systems are becoming cross-referential in their modes, mechanisms and frameworks.
- v. A major focus of pro-privatisation literature has been on showing how the public education system is failing in its mandate, and a necessary avenue for researchers is to do informed quantitative and qualitative work on *whether the private alternative is really as good as it is proposed to be*. This entails shifting the gaze of new managerialism's focus on outcomes, evaluation and accountability back to the private sector, and measuring the outcomes of private sector interventions, levels of democratic accountability and engagement with constituents and funders, and the quality of practice in private and privately-managed schools. If privatisation is the 'new paradigm' as its proponents argue, it is necessary for critical scholarship to interrogate whether this is truly an ideal solution to the very pressing problems of inequality and social fragmentation that education is expected to engage (UNESCO, 2015).
- vi. Finally, similar to the network analyses that have been conducted of public-private relationships in education provision in the global North, *mapping the networks of capital* that currently operate in education provision in the global South is important: it shows where investment comes from and which entities are able to exert influence on public education systems and education policymaking. It also crucially shows the intersection of interests between states and private entities across the world: Bridge International Academies, for example, operate in a number of countries and have vested interests in education and service provision in others. The brother of the current President of South Africa was recently appointed to the board of Curro Holdings. Very often private sector engagement with the public is shrouded in secrecy, as in the case of Liberia's confidential MOU with BIA as the 9<sup>th</sup> provider in its PSL pilot – and the reality is that we may never get a full picture of what goes on in these agreements. But it is important to start developing a picture of the

networks that are invested in the private sector's entry into public service provision, as it is evident that these networks cut across different services, states, and spheres of influence.

The distance of global development agendas from local circumstances and dynamics should be a central point of departure for research into PPPs in the global South. The introduction of new players, rules, risks and rewards in the interplay between public and private also reframes conceptions of local and global. Here dispersal and entanglement come to work together, unpredictably and unstably, to influence the ways in which private sector motivation and intervention collides with the normativities and responsibilities of statehood. The maxim 'the public in the private, the private in the public' becomes not cliché but an indication of interstices that exist in our understanding of this phenomenon.

## **5. Concluding comments**

This review has provided an account of the conceptual underpinnings of the involvement of the private sector in education and its diverse forms and types. The empirical literature we have reviewed has focused on private sector engagement, including PPPs, in education and health in Africa with a particular focus on South Africa.

The review of literature on PPPs in healthcare finds that there are three critical knowledge gaps. First, relatively little is known about the endogenous dynamics of PPPs; this includes their financial scale and drivers, as well as their implications for public health financing and national debt. Second, there is insufficient information about the expansion of southern healthcare companies into the global North. The dynamics and consequences of such southern expansion remain under-explored, particularly with regard to the ways in which state support for such expansion constitutes a de facto form of industrial policy. Understanding why this form of industrial policy has succeeded in enabling the expansion of an infant industry, vis-à-vis the failure of industrial policy in manufacturing, is an important and hitherto unexplored empirical project. Third, while PPPs are typically conceptualised as an

attempt to bring the logic of the market into public goods provision, there are clear examples of PPPs that have a countervailing logic. The proposed National Health Insurance (NHI) scheme in South Africa aims to decommodify healthcare by bringing the private sector back into the ambit of the public. The existential risk that this poses to the private health sector has catalysed significant contestation over the NHI, and it is therefore important to understand the ways in which the NHI has structured tensions between the state and the private sector, the mechanisms available for disciplining the private sector, and the constraints on the state's attempt to do so.

Following the final point of the above paragraph, the section on education PPPs shows a reverse trend, namely that while the stratification of education and schooling by funding, management and learner cohort has resulted from both top-down and bottom-up drivers, the solution has by and large been to encourage more and not less private sector intervention. An example is the Collaboration Schools model, which does not take as its starting point the inequality of the education landscape in South Africa but the cohort of poorly performing quintile 1 to 3 schools. This is evident of an approach that treats the symptom and not the systemic problem, and serves as a major research gap where studies require greater exposition on the nature of the education system of a particular country as a whole, and not only on the 'market' affected by privatisation. Further research gaps identified included an analysis of how private schools fare compared to the private sector, given that they are touted as a solution to failing public schools; the implications of privatisation in education for gender and the provision of education for girls; and the influence of new technologies on the learning experience and creation of new markets for digital consumption.

These findings show that there is empirical and theoretical value in paying serious attention to southern scholarship on PPPs. On the one hand, it helps to remove some of the strong normative framing around PPPs, by showing that they may be used to deepen the marketisation of public goods, but can also be used for countervailing ends – the decommodification of healthcare. At the same time, the review brings theoretical and empirical attention to the endogenous drivers of PPPs, and thereby helps reframe the discourse away from an over-emphasis on northern

agency to include southern dynamics. It is hoped that this helps galvanise greater attention to southern scholarship.

In this review we have identified a particular dominant hegemonic discourse that shapes the debate about the private sector in general and PPPs in particular. We have pointed to the ideological underpinnings of the debate about private sector involvement in public goods. We argue for an empirically grounded, nuanced, and decolonised account of PPPs in education and health by scholars in and from the Global South and which protects and promotes social citizenship, and equity.

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<sup>4</sup> Education and health references are presented separately. To be completed and finalised.



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## 6.2. Education

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